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Where Do You Begin?

When you settle down to read the *Journal*, where do you usually begin? Do you idly turn the leaves until you see a title or a picture which intrigues you—or do you look at the table of contents and choose deliberately? Although there is much to be said for browsing, we do believe that this month it might be well to begin by getting a general idea of what this "special convention number" is all about. Its primary purpose is to give the text of the stimulating reports, presented at the biennial meeting of the Canadian Nurses Association, and covering the manifold activities carried on by its senior officers and its numerous committees. You will also find the inspiring addresses, which enlivened the sessions, placed beside the reports to which their subject matter is related. There is a much closer relationship between them than appears at first sight, and if you sternly resolve not to skip the reports we predict that you will get far more out of the addresses.

If you were a delegate, and are now preparing your report, you may find it helpful to glance through the following brief summary. At the very beginning, the address of the President naturally takes pride of place. Miss Fairley spoke with deep feeling of the national crisis which cast a shadow of tense anxiety over the meeting, but in every line expressed her firm conviction that Canadian nurses will prove worthy of the British tradition of which they are the inheritors. She also made brief mention of some of the major problems which were to be deliberated upon, and thus gave the necessary direction for orderly discussion at subsequent sessions. Next comes the thrilling threefold challenge of Dr. Vibert Douglas which, even in cold print, retains the thrilling quality that those who heard it will not soon forget. Could there be a better creed to live by in dark and difficult days? Let us hold fast to it.

The reports of the Honourary Sec-

retary, Miss Kathleen Sanderson, and the Executive Secretary, Miss Jean Wilson, deserve careful reading because they afford a clear and comprehensive summary of the activities of the Canadian Nurses Association during the past two years. Next we come to the report of the national Committee on Education and to the presentation of the Supplement dealing with the improvement of nursing education in the clinical field. Under the caption of "A classic in education", the President of the Canadian Nurses Association graciously expresses our gratitude to Miss Lindeburgh for this valuable addition to the Curriculum. This tribute is followed by a general review of the Supplement and by Miss Gertrude Hall's masterly analysis of its administrative aspects. Subsequent issues will contain comments from other points of view.

The direct relationship of reports to addresses is admirably demonstrated by the manner in which the report of the committee on eight-hour duty, prepared by Miss Kathleen Ellis, dovetails into Mrs. Rex Eaton's eminently sane and courageous presentation of a lay woman's point of view on the same subject. In times of storm and stress there is always a tendency to exploit the willingness of nurses to serve beyond the limits of their health and strength. Here is a wholesome corrective.

Although it may seem that the Florence Nightingale Memorial, with its plan for an international School for Nurses, can have little meaning now, there are "Old Internationals" all over the world who, like Bianca Beyer and her fellow students in Canada, will cherish and guard the flame. Read her vivid story and then study the reports. Do they not complement and explain one another? Space will not permit extended reference to other valuable reports, and only brief mention can be made of those presented by the conveners of the newly named Sections. The summaries of the reports of the Provincial Associations must not be overlooked. Here are the many coloured threads out of which the fabric of the Canadian Nurses Association is woven.

Every bond which helps to promote national unity is worth strengthening in times like these. This issue of the *Journal* is, in itself, direct proof that the nurses of Canada have excellent leadership, good organization, and a clear purpose. Let us move forward together.

GOOD TEAMWORK

In the August issue of the *Journal*, reference was made to the excellent work done by the Canadian Nurse Committee of the Alberta Association of Registered Nurses under the direction of its capable convener, Miss Violet Chapman. In between the sessions of the biennial meeting, she and her associates were always ready and willing to answer questions about the *Journal* and to explain the striking exhibit prepared under the joint auspices of the Canadian Nurse Committees of the Association of Registered Nurses of the Province of Quebec and the Registered Nurses Association of Ontario. This exhibit proved so interesting that requests for information have been received from other provinces concerning its preparation and cost. An article on this subject is now in preparation and will appear in an early issue.

The President's Address

GRACE M. FAIRLEY

At this, the opening of the Twentieth General Meeting of the Canadian Nurses Association, I shall address you briefly. I have no title for my message, but I will endeavour to give an account of my stewardship for the past two years. It is well that we do not know what lies ahead. These have been strange years since we last met—strange and varied. Have we not experienced a national crisis with the consequent relief and heart-felt gratitude when it passed? The joy of a visit from Their Majesties —how I hope you all saw them! Then we were plunged into war, and even at the time of writing much may happen in the intervening days ere we meet.

Both in September, 1938, and September, 1939, the Association had to accept much responsibility, and one is grateful that our profession—a profession of Service so much needed at this time—is organized, and has the confidence of those who are likely to need our services. During the 1938 crisis, all members who were free from home responsibilities were urged to enrol for national service in order to avoid undue pressure should the need arise. This request was not altogether heeded, and the thing we had tried to avoid did happen—undue and unnecessary pressure when offices, both national and provincial, were already carrying heavy loads. Our members were anxious to offer their services at the first announcement of hostilities, and in a not unnatural excitement telephone, telegraph, and airmail facilities were all kept busy.

Doubt was expressed from many sources as to whether the Joint Enrolment, that had been built with such care, would be utilized by the Department of Militia and Defence or not. In some localities there was probably cause for these anxieties and questionings; but I must assure you now that, as the weeks passed and conditions became more normal, the relationship between the Department of Militia and Defence, the Director General of Medical Services, and this Association have been much more satisfactory than at any previous time in the history of the Canadian Nurses Association. The lists of enrolled nurses, as sent by the Red Cross to the Director General of Medical Services, have been sent to the various District Medical Officers, and we have reason to feel that they are being used. The appointments, of course, are made by the District Medical Officers at present, and, I think, in most provinces the lists are being conscientiously adhered to.

We have all regretted the delay in appointing a Matron-in-Chief, as we feel the entire profession will have greater confidence when army nursing policies are in the hands of a member of the profession. At the very outset of the war, your Executive urged such an appointment, but as you know medical units have not been sent overseas in any great numbers so far, and that may have been the reason for the delay of this important appointment. One could wish that a nurse who has the confidence of the whole profession would be included in the permanent personnel of the Militia Department.

(Since this address was given, the appointment of the Matron-in-Chief has been announced and received with particular satisfaction by the membership at large of the Canadian Nurses Association. —G.M.F.)

Probably the most satisfactory arrangement was that our First Vice-Presi-

dent (whose office fortunately is in Ottawa) acted as liaison officer between the Director General of Medical Services and the Canadian Nurses Association. This appointment was made in September, 1939, and I am glad to say that when the present Director General of Medical Services took office, he welcomed the continuance of this arrangement which, from our standpoint, has been most satisfactory. Numerous conferences have taken place, and much correspondence exchanged with the Canadian Red Cross. Naturally there were many problems; these will be dealt with in a special report.

Now, I would like to discuss the happier side of the past two years' activities. I was privileged to visit three of the provinces during their annual meetings, and was profoundly impressed with the sincere efforts made by all officers to maintain existing standards, and develop programs of the most progressive and ambitious type. I was conscious that my stay was too brief to have been of any value, but I was struck afresh with the "common-ness" of our problems—the need of the formation of districts, in order to keep in closer touch with the more isolated parts of the provinces; the desirability of refresher courses; the place we must create for the general duty nurse within our organization; what must be done to put the suggested curriculum into effect in the schools. All these were discussed in each province, and emphasis was placed on the part that the profession could play in the community or in giving better service to the patient. We have travelled a long road. Those of us who can look back a quarter of a century in professional organization life can remember when we did not face our problems in the frank, critical way we do today.

Those who attended the biennial meeting at Saint John in 1932 may remember Mr. Massey's words, when discussing the *raison d'être* of the Survey. He said that we wanted "to see in what manner the profession may equip itself even better to serve the community" and added, "I am glad to see Canadian nursing approached as a national problem." We have approached it nationally, and it is to the great credit of our National Committee on Education and its conscientious convener, as well as all the Sections and other Committees which have participated in this progressive effort, that we find ourselves plodding towards our goal with very definite success. The various reports will give you some idea of the work accomplished by these Committees—I sometimes wonder if the rank and file of the profession realizes how much time these women give to our provincial and national organizations. I would like to think they do, and I would like to feel that the Committees know that we appreciate their labours.

What of the future? The months that lie ahead will make great demands of us all, whether our duties lie at home or overseas. I know that the fact that we are members of the Canadian Nurses Association — *that we are Canadian Nurses*—will mean that we will give our best to the Dominion and to the Empire.

I have been thinking aloud this afternoon, and I will finish by reminding you of dear Mr. Chips' message to his boys: "Give your enthusiasm to Brookfield, and Brookfield will give you something in return". Our Brookfield is the Canadian Nurses Association.

A Threefold Challenge

ALICE VIBERT DOUGLAS, M.B.E., PH.D.

"Life is a struggle in which something is eternally gained". It was William James, the philosopher and psychologist of a generation ago, who made this dual statement of fact and of belief. It is a fact that life is a struggle; no one gets very far along the road of life without becoming aware of the truth of this statement. Furthermore it is also a fact that without some form of struggle, some outpouring of effort, life would lose much of its richness and value. *Grandescunt aucta labore* is the motto of one Canadian University; a free translation is this: they who have already attained much, increase their stature only by further effort. It seems to be a universal law of nature that growth and development come only as a result of effort and struggle. The great promises are "to him that overcometh".

When we apply ourselves to the task of training for some particular profession, the goal of our ambitions is not attained without much hard work and weariness of flesh and mind but in the effort there is great reward. I speak to you as one who admires your profession, who looks with respect and admiration upon every trained nurse devoting herself unselfishly and unsparingly to the alleviation of human suffering. It is a noble calling and surely one of the very highest. In moments of self-flattery I sometimes call myself a half-trained nurse. I value tremendously all that I have learned of nursing, most of which came to me incidentally as part of the struggle and discipline of life as years have come and gone in my experience. I have watched nurses in action in the home, in military hospitals in London in the Great War, and during this last year almost daily as I kept an eye upon the students of one of our Canadian Universities who had to go into hospital for surgical work or illness or accident.

What is the ideal training for a nurse? How much more should she be taught than is at present customary? Within your own ranks, there are those who have been asking what is the ideal and what is the practically possible syllabus of training that the nurses of Canada from coast to coast may rank second to none in the civilized world. I have been studying your Proposed Curriculum, and I pay my tribute to the foresight and wisdom and courage of those who recognize the need for a sound training founded upon a good basic knowledge of chemistry, physics, physiology and bacteriology.

Last winter, I read the autobiography of an American physician who expressed the hope that nurses would remain the glorious helpers that they are and not try "to become half-baked doctors" as he put it. One can see the point of such a remark, but it is very easy to misinterpret and misconstrue such a statement. It does not mean that a nurse should be less intelligent, less aware of the scientific principles underlying the treatment which she administers. It does not mean that you are to repeat the platitudinous remark "a little knowledge is a dangerous thing", and then sit back feeling assured that ignorance on the part of the nurse is bliss for the nurse, for the patient and for the doctor. A little knowledge is a dangerous thing only when the possessor of that small amount of knowledge fails to realize that it is only a small amount, and that the part is never equal to the whole.

Ever since I began to study geometry at a fairly early and very impressionable age, I have had a tremendous admiration for Euclid. I think that great Greek geometer, who lived more than 200 years B.C., is still one of my heroes. He it was who laid down as one of the basic principles of logical thought that "the whole is greater than the part". As long as we remember this and retain a firm grip upon our common sense, and keep our critical faculties and our imaginations alive, so long will a little knowledge be better than none, and the more knowledge you, as nurses possess the better for you and for the community you serve. If nursing is to be not only an ancient art but a modern science, nurses must have the basic knowledge to establish and recognize cause and effect, keen observa ion and the sympathetic imagination which anticipates not only the big obvious needs but the little things that make all the difference between comfort and discomfort. No mere unthinking cheerfulness and rule-of-thumb efficiency can achieve what intelligent nursing demands.

Do you ever read and smile over the masculine condescension of Ruskin? In one of his essays he discoursed upon the advisability of higher education for women and it is rather interesting to note that he did not debar a woman from classics, literature, history, philosophy or any of the sciences, so long as she did not delve too deeply! Incidentally, one subject of study he most vehemently protested that no woman should be taught and that subject was theology. I do not entirely agree with much that Ruskin wrote in this regard. I remember a quotation that made a great impression upon my mind in my undergraduate days; the author was R. L. Stevenson, and the words were to this effect: he who has wrung forth the secrets of one brand of knowledge knows more about the others than he who has tepidly circumnavigated all.

Thomas Huxley's essays on education are gloriously inspiring. In 1868 he pleaded for a liberal education for both men and women: "So far from imposing artificial restrictions upon the acquirement of knowledge by women, throw every facility in their way". He urged that education include "knowledge of the great and fundamental truths of Nature and of the laws of her operations"; he believed that every child at school should be taught the fundamentals of physics, chemistry, botany and human physiology. If this be advisable for the average child, how much more urgent is it that every woman training as a nurse, who is to work in the closest association with an essentially scientific profession, s h o u l d be thoroughly grounded in physics, chemistry, physiology and bacteriology. If your work is to be of professional standard you must wring forth the secrets of the science of nursing.

It is one of the epic stories of mankind, how science has become woven into the very fabric of almost every aspect of our civilization. Read the life of Pasteur, whom Sir William Osler called "the most perfect man who ever entered into the Kingdom of Science", and there you will find a living exemplification of the spirit of seeking and the scientific method. In him we see the trained observer collecting his facts; the active mind and inspired imagination correlating those facts and formulating a theory to cover their relationships; and the honest self-critic and doubter who then tries to disprove his own theory by experimental test and further observation, or by deduction and crucial test to confirm the theory or show how it must be modified. Further deductions, and again the question put to Nature: Is this idea right or

is it wrong? And the answer that Nature gives must never be ignored. This is the core of the scientific method. "Bow down before facts and let them speak to you", said Kepler the astronomer, and a more sublime homage to Nature and the Creator can scarcely be found. This much at least of theology every woman and every man should be taught.

The researches of Pasteur, Lister, and others revolutionised medical and hospital and nursing practice; the recent researches in metabolism and the nature of hormones are having applications and consequences whose end is not yet in sight. Only nurses with a good comprehension of the principles of chemistry can appreciate these advances and follow with intelligence and keen enjoyment the pioneer work that is going on under our eyes, feel something of the thrill of the chase as new ideas are run to earth, old mysteries resolved and new horizons revealed.

In 1917, I heard Sir Joseph Thomson, Cavendish Professor of Physics in the University of Cambridge, lecturing in the Royal Institution in London. He was the man who first investigated the electron, the smallest known particle of matter and fundamental unit charge of electricity. That was in the 1890's and the whole research appeared to be only a matter of laboratory interest with theoretical importance in atomic physics, and of no practical value in everyday life. A few years went by and then it was obvious that these electrons were not a physicist's playthings only, but that there were applications in the medical field and in engineering of great promise. Amplifiers were constructed in which the elusive electrons were harnessed to the task of so magnifying a very minute electrical current that it could be easily recorded. This had tremendously wide and important applications in wireless telegraphy; and during the Great War many devices utilizing electrons were developed.

In medical work, the first important application was in X-ray tubes where the bombardment of a metal anode by a stream of electrons gives rise to the very penetrating and chemically active X-radiation. The beta rays emitted by radium and other members of the radioactive families of elements were soon found to be streams of electrons ejected from the atoms. In the last few years, a new field of brain diagnosis has opened up by the use of very sensitive amplifying valves to magnify minute electric currents which can be detected by placing two electrodes upon the skull. The changes of voltage reveal certain patterns over a normal skull, but very erratic graphs will result if the brain is anywhere abnormal. Already the applications of this in cases of tumour or of epilepsy are important. Yet another very recent application of this branch of basic physics is the electron microscope which has a magnifying power vastly higher than any optical microscope that can be constructed.

The moral of all this is that no line of research in pure science is to be regarded as obviously and inevitably barren and devoid of practical value, and that of all heresies the worst is the heresy of finality. This is not a static universe, and the end of the growth of knowledge is not in sight. We live in a dynamic universe. We look out upon the world around us and everywhere we see motion, change, development. From stars to atoms it is the same story—motion and change. We look at your curriculum today and think it adequate to the needs of today; but tomorrow medical science will have advanced and the curriculum will have to keep pace. The nurse of today needs more scientific training than

the nurse of forty years ago, or even five years ago, and the nurse of tomorrow will need more still.

Just for this reason, it is obvious that short postgraduate courses are very much needed. The nurse who trained a few years ago should be able to come back and learn the latest methods and advances. The graduate nurse has a choice of special fields today, requiring postgraduate training. Physiotherapy as a specialist's vocation is making its place; so, too, in the field of mental hygiene and psychiatry, in pediatrics, and in the wide fields of public health, health education and medical social work there is need of the nurse with special graduate training.

Having been a teacher of physics for eighteen years, I am perhaps very specially interested in teaching as an art, and therefore it is natural that I should lay emphasis upon the importance of selecting only the best possible instructors in the hospitals and schools where nurses are trained. Select women who approximate as nearly as possible to Bacon's description of the man of science—one whose attributes include "the desire to seek, patience to doubt, fondness to meditate, slowness to assert, readiness to reconsider, carefulness to dispose and set in order—one who hates every kind of imposture". And if these be the high standards we set for the teachers, these too are the standards which we covet for those whom they teach, and for all who have gone out from the schools of nursing to continue their training in the practice of their profession.

Ideals like these are not achieved without struggle—and this brings me back to the quotation from William James with which we started—"Life is a struggle in which something is eternally gained." Something is eternally gained—do we really believe that? If we do, we can say with Paul, "I glory in tribulation also, knowing that tribulation worketh patience, and patience experience, and experience hope." Hope, one of God's greatest gifts to man, for as Voltaire so earnestly pointed out, in the face of catastrophe, calamity and the mystery of suffering all our finest philosophies fail us utterly, if we have not hope. There are eternal values, and that is why struggle has its intrinsic worth, that is why struggle even in its ultimate, anguished, tortured, apparently hopeless, aspect is not unmitigated tragedy. *Something* is eternally gained—this is a belief not easily attained nor easily held.

In closing I quote a well-loved beatitude: "Blessed are the peacemakers." Blessed are you who bring peace to troubled bodies and ease from pain, you who reduce suffering and help Nature to heal and to restore. But it is not enough that you be scientifically trained, mechanically efficient instruments of bodily healing. You must be what the Bible calls ministering spirits, ministering not to the body only. Twice blessed therefore are you who minister to both body and mind. Do you remember Macbeth's query, "Canst thou not minister to a mind diseased? Pluck from the memory a rooted sorrow? Raze out the written troubles of the brain?" In Shakespeare's day, medical opinion no doubt thought this an impossibility. Today you do not call it a hopeless task and we are very cautious about using the word impossible. Yours is the challenge to keep abreast with developments in the science of the mind, and in this field every nurse may become a research worker.

Blessed, thrice blessed, are you who minister to the body, to the mind, and to the spirit. The service you can render

to mankind lays upon you a challenge that is threefold; to minister to the body —this is the realm of a science which has its roots in far off antiquity; to minister to the mind—the realm of a science still in its infancy; to minister to the spirit—a realm far wider than all science, for the eternal things are the things of the spirit.

If we are to maintain our sanity and balance in a world of discord and strife and if we would bring peace into the troubled spirits of sick and suffering men and women, we must first be sure that in our own spirit there is joy and fullness of life, and a peace deep as the still depths of the deepest ocean, firmer than the foundations of a great mountain, wide and "spacious as the starry firmament's inescapable infinity of radiant gaze that fadeth only as it outpasseth mortal sight."

REPORT OF THE HONOURARY SECRETARY

Madam President and Members:

To prepare this brief summary of activities of the Canadian Nurses Association to present to you today, it was, of course, necessary for me to review minutes of all Executive Meetings held since the convention which met two years ago, in Halifax. Although so closely connected with our Association it impressed me greatly, on reading the minutes as a whole, to see the vast number of projects, and the breadth of interest of our organization.

Such a review also makes one realize how efficient is our set-up of Committees, so much so indeed, that, after eliminating items which would be included in various committee reports, I wondered whether there was anything left of real interest for me to tell you. However, at the risk of repetition, I selected the following items.

Executive Meetings: During the biennium, your Executive has met eight times; which is equivalent to one meeting lasting a week, for each meeting occupied a working day. The first meeting was held in Halifax at the close of the 1938 convention, with an attendance of sixteen. A full Executive numbers forty-five. The remaining seven meetings were held in the board room of the Vancouver General Hospital, which offers most convenient and comfortable accommodation. As guest of our President, the luncheon recess is always much enjoyed.

Attendance at these meetings has varied from six to nine members. On three occasions, Miss Agnes Macleod, Alberta, attended. At the meeting held in March, 1940, Miss K. Connor, convener of arrangements, was present.

We are ever cognizant of the fact that usually we are a one hundred per-cent British Columbia group, and should anyone of us have a "lapsus memoriae" and speak or even think provincially, there are lively reminders that we are a National Committee.

The Special Committees re-appointed for 1938-40, include:

Health Insurance and Nursing Service, convener, Miss Margaret Kerr.

Community Nursing Service Bureaux, convener, Miss Ruby Simpson.

Exchange of Nurses, convener, Miss Mabel K. Holt.

Legislation, convener, Miss Mary Millman.

Curriculum for Nurses-in-training in Mental Hospitals, convener, Miss N. D. Fidler.

Florence Nightingale Memorial (Canadian Nurses Association), convener, Miss Kathleen Sanderson.

Scholarship Award, convener, Miss M. Lindeburgh.

Mary Agnes Snively Memorial, convener, Miss Jean Browne.

National Joint Committee on Enrolment of Nurses for Emergency Service, convener, Miss Isabel McEwen.

Canadian Florence Nightingale Memorial Committee, convener, Miss Ruby Simpson.

The following are newly appointed Study Committees:

Eight-hour day for nurses, convener, Miss K. W. Ellis.

History of Nursing in Canada, convener, Miss Mary Mathewson.

Re-naming of Sections, convener, Miss M. E. Kerr.

National Field Secretary, convener, Miss Elizabeth Smellie.

National Committee on Education, convener, Miss Marion Lindeburgh.

Honours and Recognitions: Dame Ellen Musson, since 1925 treasurer of the International Council of Nurses, was created a Dame of the British Empire by His Majesty the King. Mrs. Rebecca Strong of Edinburgh, whom many of us met when she attended the International Council of Nurses in Montreal, has been made an Officer of the Order of the British Empire. Miss Jean Browne, president of the Canadian Nurses Association, 1922-1926, was, for distinguished service, presented with the Florence Nightingale Medal, awarded by the International Red Cross Committee in Geneva. Miss Kathleen Russell, Director, School of Nursing, University of Toronto, received an Honourary Degree of Doctor of Laws from King's College, Halifax. Miss Elizabeth Smellie, Chief Superintendent, Victorian Order of Nurses, and our first vice-president, was elected vice-president of the American Public Health Association, and has the distinction of being the first woman and first Canadian to hold this office.

Congratulations were sent from your Association to the South African Trained Nurses Association on the occasion of their Silver Jubilee.

Other Matters of Interest:

1. Regarding the use of the abbreviation R.N., inquiry was made of the Secretary of State, Ottawa, and assurance received that the abbreviation is a correct procedure for use in Canada.

2. Increased space for the National Office was acquired at 1411 Crescent St., Montreal, on a three-year lease. Room 401 is the National Office and Room 402, the office of *The Canadian Nurse*.

3. Upon request of the International Hospital Association the Canadian Nurses Association Executive endorsed the preparation of a pageant for the 1939 International Hospital Association Congress. Acknowledgment was made of the whole-hearted way in which the Registered Nurses Association, District 5, co-operated in the project. Unfortunately, due to the war, all plans had to be cancelled. The pageant manuscript was turned over to the Canadian Nurses Association and early in 1940 your Executive granted the use of the manuscript to the Catholic Hospital Association.

4. Following unsuccessful efforts to find a convener for the committee on the religious influence in the life of the nurse, the Executive went on record as being unable to name a suitable con-

vener and asked that the Provincial Associations give careful consideration to the matter by forming committees and endeavouring to find some solution to the problem of enriching the spiritual life of both graduate and undergraduate nurses.

5. The following resolution regarding salaries was passed: "That as this is a National Organization that the highest minimum salary required under any Provincial Wages Act shall be the accepted minimum for permanent employees of the Canadian Nurses Association and *The Canadian Nurse*."

6. Correspondence was reviewed relative to the objectionable use of the figure of the nurse for advertising purposes. Letters of appreciation were sent to Miss Matilda Diederichs of Regina for her prompt and dignified action, and also to the Woolworth Company of Regina for their understanding co-operation.

7. So that Executive members across Canada may be informed, summaries of Provincial Reports are made and incorporated in the minutes of Executive Meetings, copies of which are sent to every member.

KATHLEEN I. SANDERSON,
Honourary Secretary.

REPORT OF THE EXECUTIVE SECRETARY

At this, the twentieth General Meeting of the Canadian Nurses Association, I am privileged to present the ninth biennial report as the Executive Secretary.

Executive Committee: The first responsibility of the Executive Officer at National Office is to the governing body of the Canadian Nurses Association—the Executive Committee. It is the Executive Committee that transacts the business of the Association in the interim between general meetings. As all duties of the secretary and treasurer, as outlined in the bylaws are delegated to the Executive Secretary, the latter becomes the administrative agent for the Executive Committee.

The Executive Committee consists of forty-five members: the elected officers (5); the immediate past president; the chairmen of the national sections (Nursing Education, Private Duty and Public Health); and four representatives from each provincial Association of Registered Nurses, that is, the president, and the chairmen of the three Sections.

Meetings of the Executive Committee are held prior to and following a general meeting. It has become customary during each biennium for the Executive to meet quarterly. Attendance at interim meetings of the Executive seldom exceeds the required quorum (5 members). The call to meeting and copy of the proposed agenda are sent to each of the forty-five members. Also, notice of each meeting is sent to the conveners of committees, to the secretaries of the provincial associations and to the editor of *The Canadian Nurse*. To these interim meetings are submitted detailed reports from National Office, as well as reports from committees, the national sections, and the provincial associations. Minutes of meetings are mailed to Executive members, also a complimentary copy is for-

warded to each member of the publications committee and to each provincial secretary.

Sections: There are three Sections in the Association: Public Health Nursing, organized in 1920; Private Duty Nursing, in 1921; and Nursing Education, in 1924, by amalgamation of the Canadian Association of Nursing Education with the Canadian Nurses Association. The Sections formulate policies and programs for their respective activities and interests, all of which are referred to the Executive Committee of the Association for approval. The budget of the Association provides an annual grant to each national Section.

Following the last General Meeting a special committee was appointed to study a proposed re-naming of the sections. In March the findings and recommendations of this study committee were referred for consideration to the Executive Committee and the provincial associations prior to presentation at this General Meeting.

Each provincial association has three sections corresponding to the national Sections. Summarized reports of the provincial sections will be presented later by the chairmen of the national sections.

Provincial Associations: The Canadian Nurses Association is a federation of the nine Provincial Associations of Registered Nurses. At a later session, each federated unit will submit a biennial report.

It is gratifying to note the development of regional group organization by the provincial associations. The Provinces of New Brunswick, Nova Scotia, and Ontario adopted this plan from the time of organization. In the four western provinces, former graduate nurses associations are becoming the nuclei for the development of districts or branches of their respective provincial associations. Also, groups are being formed in areas previously without any nurses' organizations.

Following the General Meeting in 1938, among questions referred to the provincial associations for consideration was one that urged the study of ways and means of reaching nurses as they graduate from schools of nursing within their province, and of providing the necessary information relative to the provision for their future economic security. Progress made in this study will be included in provincial reports.

As there is increasing evidence of the value of the provincial membership card for identification purpose, the Executive recommended to the Provincial Associations the adoption of a uniform type of card which should contain the serial registration number and state that by provincial membership, affiliation with the Canadian Nurses Association and the International Council of Nurses is maintained.

Membership: Ten years have elapsed since the Canadian Nurses Association became a federation of the provincial associations of registered nurses. In 1930, the total provincial membership amounted to 8,038; while the present total is 16,758.

Official Representation: The Association was officially represented at the following meetings:

The Board of Directors of the International Council of Nurses, in 1939, by the President.

The annual meetings of provincial associations, in 1939, in Alberta, Manitoba, and Saskatchewan, by the President.

The annual meeting in 1939 of the Registered Nurses Association of Prince Edward Island, by the editor of *The Canadian Nurse*.

The annual meeting in 1940 of the Registered Nurses Association of Ontario; the biennial meeting of the Canadian Hospital Council in 1939 by the Executive Secretary; and the annual meeting of the American Hospital Association in Toronto September 1939, by the Executive Secretary.

International Affairs: During 1938-1939, requests for information and several questionnaires from headquarters of the International Council of Nurses received attention. Shortly after the outbreak of war, the office for International Headquarters was transferred temporarily from London, England, to the United States of America. The Quadrennial Congress, scheduled to be held in the United States in 1941, has been postponed indefinitely.

Nightingale Memorial Scholarships:

Requests for application forms were received from nine nurses for the scholarship offered for the year 1939-40; three candidates completed the application forms and returned them to the Executive Secretary for consideration by the Scholarship Award Committee.

Prior to September 1939, a number of inquiries were received from nurses interested in the Scholarship for 1940-41. Upon learning that the International Courses were discontinued, announcement of the current year scholarship was cancelled. Also upon discontinuance of these courses, the Canadian Nurses Association scholarship student, then in London, was advised to return to Canada. By the time this student arrived, information on available opportunities for post-graduate study in several universities was presented to her and within a week of arrival this student was enrolled to her satisfaction.

Nurses National Memorial: A laurel wreath, bearing the name of the Canadian Nurses Association, was the sole floral decoration before the Nurses National Memorial in the Hall of Fame, Parliament Buildings, during the visit of Their Majesties King George VI and Queen Elizabeth to the capital in May, 1939.

Throughout the years since the Nurses National Memorial at Ottawa was unveiled, the Association was indebted to Miss Gertrude Garvin for her personal interest in each Remembrance Day ceremony. It is announced with regret that due to Miss Garvin's removal from the capital she is no longer able to represent the Association. In future, representation on Remembrance Day will be by (1) an elected officer of the Canadian Nurses Association; (2) the president of the Registered Nurses Association of Ontario; or (3) the chairman of District 8, Registered Nurses Association of Ontario.

National Office: In a biennial report, limited and brief reference can be made to only the varied and extensive activities by which the National Office functions as headquarters for the Association.

The constancy by which organization development progresses and expands demands a vast amount of experienced secretarial and clerical direction and work as well as the application of recognized businesslike methods in the conduct of office management. As the proceedings of this meeting are presented, the functions of the National Office will be accentuated.

The Executive Secretary acts as secretary to several special committees, also the services of headquarters staff are available for clerical assistance to all committees. In the biennium during which National Office was established there were two special committees; in the current biennium, fourteen commit-

tees have been engaged in furthering the activities of the Canadian Nurses Association, of these, six are definitely study committees. As reports of committees will be submitted at later sessions, further comment is unnecessary at present.

Nominations: The ticket of nomination prepared from nominees proposed by the provincial associations shows that each officer who served during the biennium 1938-1940 is re-elected by acclamation, consequently voting for election of officers at this general meeting is unnecessary.

Archives: A most valued addition to National Office is a letter written personally by Florence Nightingale, a gift from the President, Miss Grace Fairley. Other appreciated additions include: an autographed copy of the syllabus of the First Preliminary Course for Nurses by Mrs. Rebecca Strong, first published in 1893.

A snap-shot album, illustrating the Congress in 1937 of the International Council of Nurses, a gift from Miss Cory Taylor, one of the best amateur photographers among nurses. Miss Taylor, as the official reporter for the Canadian Nurses Association, was able to obtain photographs, the historical value of which is increased under existing world conditions. Each photograph bears an appropriate caption.

Portraits: Portraits presented to the Canadian Nurses Association which enhance the appearance and interest of National Office include autographed portraits of Their Majesties, King George and Queen Elizabeth. The generous donor of the Royal Portraits is the esteemed President of the Association, Miss Fairley.

Other portraits are those of two Past Presidents of the Association: Miss Mabel F. Hersey and Miss Jean I. Gunn, each gowned in the academic robes of Doctor of Laws, *honoris causa*—worthy recognition of these two well-known nurses by McGill University and the University of Toronto, respectively.

Publications:

1. A second printing of a Proposed Curriculum for Schools of Nursing in Canada was done in September 1938. (In addition to distribution in Canada, orders for the Curriculum were received from a number of countries, including Bermuda, China, France, Great Britain, India, Newfoundland, New Zealand and the United States of America.)

2. Chapter VII of the Proposed Curriculum, Education in the Clinical Field, was revised and printed recently as a supplement to the original publication.

3. A Guidance Pamphlet for High School Girls entitled, *Should you wish to become a Nurse*, was printed and is ready for distribution by the Provincial Associations.

4. The Report of the Survey of Nursing Education in Canada—the balance of Survey Reports was purchased by the Association following the discontinuance of the National Joint Study Committee of the Canadian Medical Association and the Canadian Nurses Association. The price per copy was reduced to one dollar and an occasional copy has been sold.

5. The Constitution and By-laws, with revisions adopted at the General Meeting, 1938, were printed and distributed as customary.

Exhibit: An education exhibit was prepared for the Congress of the International Hospital Association and the annual convention of the American Hospital Association. The latter meeting was held as scheduled in September 1939 in the city of Toronto.

Approved Schools: At present the definition of an approved school of nursing in Canada must be limited to a school, the graduates of which are eligible as candidates for the examination for registration of nurses of the province in which the school of nursing from which they graduate is located. The list of approved schools was revised when, with the assistance of the provincial registrars, a certain amount of statistical data was secured. Those statistics were included in copies of the revised list as sent to (1) the Institutional Branch of the Dominion Bureau of Statistics; (2) the Department of Pensions and National Health; and (3) the Provincial Secretaries and Registrars.

Observation Itineraries: During the year 1938-39, there was an increase in the number of nurses who came to Canada for periods of observation. Itineraries planned for several nurses for the autumn of 1939 had to be cancelled. Through National Office, the Association was privileged to assist the scholarship student from New Zealand who had enrolled for the International Course 1939-40. This student accompanied the C.N.A. scholarship student on the latter's return to Canada, arriving October 15. Within a week, due to the splendid co-operation received from representative nurses in New York, Montreal, Toronto, Winnipeg and Vancouver, an itinerary covering ten weeks was completed to the satisfaction of the student from New Zealand.

An Emergency Service: A service by which the staff at National Office was able to render a new type of assistance arose shortly after war was declared. Among travellers from overseas, who desired to return home, a number experienced unfavourable psychological reactions due to varied difficulties encountered by uncertainty of scheduled departure of ships and restricted international financial regulations. In several instances representatives of transportation companies referred to the National Office for advice by which they were able to render assistance beyond customary official duties to their clients in time of extreme emergency.

Contribution to "The Canadian Nurse": Each month under the caption "Notes from National Office" there is published in *The Canadian Nurse* a summary by which it is hoped the members are able to learn something about their National Organization and its federated units, the provincial associations of registered nurses.

Personal: While the services at National Office are sought by telephone calls and interviews, the major portion of the entire service is carried on by correspondence. The average annual number of pieces of incoming mail is approximately 2,100; the outgoing, 2,400.

Office Personnel: Miss Lillian Pettigrew, Reg. N., who was assistant to the Executive Secretary for almost seven years, resigned in order to pursue university post-graduate study. Miss Helen Rorke, Reg. N., succeeded Miss Pettigrew.

On behalf of her assistant and herself, your Executive Secretary acknowledges with sincere gratitude the constant evidence of good will and support toward National Office staff by all members of the Association and especially by the President and members of the Executive Committee and the Secretaries of the Provincial Associations of Registered Nurses.

JEAN S. WILSON,
Executive Secretary.

REPORT OF THE NATIONAL COMMITTEE ON EDUCATION

The National Committee on Education, organized on a national basis, replaced the Curriculum Committee of the Nursing Education Section. The resolution whereby this change was made at the Biennial Meeting in Halifax in 1938, reads as follows: "Whereas the work of compiling the Proposed Curricuum for Schools of Nursing in Canada has been a national project, and whereas the personnel of the Curriculum Committee has been composed of members of the three National Sections of the Canadian Nurses Association, therefore, be it resolved that the Curriculum Committee of the Nursing Education Section become the National Committee on Education of the Canadian Nurses Association, and that the sub-committee of the Curriculum, known as the Committee on Records, continue to function as a sub-committee of the National Committee on Education".

The objectives of the National Committee on Education are:

To stimulate interest and secure the co-operation of all members of the Association through the three National Sections, in promoting sound standards of undergraduate and post-graduate nursing education in Canada.

To assume responsibility for the study of educational problems and to recommend adjustments which will meet the changing needs of nursing service in all fields.

To carry out any educational project which may be assigned to it by the Canadian Nurses Association.

The personnel of the National Committee on Education consists of the chairmen of the three National Sections who, together with the Convener, constitute a core committee; the presidents of provincial Associations of Registered Nurses; the conveners of Sections of Provincial Associations of Registered Nurses; School of Nursing Advisers in the provinces; the President of the Canadian Nurses Association, ex officio. The Executive Secretary of the Canadian Nurses Association acts as secretary of the Committee. The National Committee may be augmented from time to time when special projects are undertaken by the appointment either temporarily or permanently of additional members; also the employment at intervals of a paid clerical worker may be necessary. Attention is drawn to the fact that the same general plan of provincial organization as that connected with the former Curriculum Committee has been adopted; that is, provincial sub-Committee, and co-operate with the Core Comittee, and they should keep the convener informed of particular educational needs or problems which might become the responsibility of the National Committee on Education.

Three tasks have been assigned to the National Committee on Education since its organization two years ago:

A study of post-graduate courses, in conjunction with a project being undertaken by the Committee on Education of the International Council of Nurses.

The preparation of a pamphlet for circulation in high schools and colleges to serve as a guide to young women who desire to enter the nursing field.

The preparation of a supplement to the Proposed Curriculum.

May I deal briefly with each of these

tasks? At the meeing of the International Council of Nurses in London in 1937, the Board of Directors requested that the Committee on Education undertake a study to determine educational needs of graduate nurses in member countries, with the idea of preparing a guide to help these countries to establish graduate courses to meet their particular needs. Because of the large membership of the International Committee on Education, representing thirty member countries and ten associated countries, it was decided to form a small steering committee which would be responsible for carrying out this work. The personnel of this Committee is as follows: Olive Baggallay, secretary, Florence Nightingale International Foundation; Edna Moore, chairman of the Public Health Nursing Committee of the International Council of Nurses; Calista Banwarth, acting executive secretary, International Council of Nurses; Venny Snellman, Training School Inspector, Helsinki, Finland; Marion Lindeburgh, convener, National Committee on Education, Canadian Nurses Association; Effie Taylor, President, International Council of Nurses (ex officio).

This steering committee made the following recommendations which were approved by the Board of Directors at the Interim Meeting in London, July 1939, at which our President, Miss Fairley, was present:

1. That programs for trained professional nurses only will be considered. "The Educational Program of the School of Nursing", on Education in 1934, was devoted entirely completed by the International Committee to the basic preparation of the nurse. This study presupposes an acquaintance with this earlier report and an acceptance of its educational policies.

2. The present study will focus chiefly on organized professional programs for graduate nurses, conducted by recognized educational institutions; some consideration will be given to the more informal types of staff programs carried on by various agencies.

It was decided by the convener, Miss Isabel M. Stewart, to secure the necessary information for this study from member countries through the questionnaire method. This was done in 1938, and a report regarding educational needs, facilities, and post-graduate courses in existence in various countries was compiled. This questionnaire study served as a basis for the International steering committee to prepare a tentative outline or guide to assist member countries to construct a type of post-graduate course which would best meet the respective needs. This outline is now ready.

It was proposed that national groups should begin their work as soon as possible and should complete their experimental study by the Fall of 1940, in order that national reports could be incorporated into the material to be entitled "A Guide in Building Curricula for Graduate Nurses", this to be ready for the International Congress in 1941. It was the intention that a progress report of this work should appear in the January 1940 issue of the *International Nursing Review*, but as we all know, the publication of our International Journal has been suspended. Owing to the present state of war and uncertainty, the date of the next Congress is indefinite, and certain of the member countries which had pledged their cooperation in this project are now quite unable to co-operate and, as we know, are wholly engaged in much more urgent and important national service. The continuance of this project is, therefore, uncertain.

The Executive Committee of the Canadian Nurses Association requested that the Committee on National Education should prepare Guidance Pamphlet to be of assistance to young women who desire to enter the field of nursing. The need for this type of information has been felt for some time. A rough draft of the Pamphlet was prepared by the convener and submitted to the three members of the Core Committee, for suggestions. A revision was then made and submitted next to provincial groups for comment. The material was finally prepared in the form of a pamphlet and approved by the Executive Committee of the Canadian Nurses Association. The Committee is most grateful to Mrs. Heal of Vancouver for the illustrations which add so much to the attractiveness of the pamphlet. It was recommended that 20,000 copies be printed, the matter of distribution to be decided by the Canadian Nurses Association.

Reference will now be made to the Supplement to the Proposed Curriculum, entitled "The Improvement of Nursing Education in the Clinical Field". The Proposed Curriculum was accepted for trial in 1936 by the Canadian Nurses Association. Since that time, 1340 copies have been distributed from National Office and it has been applied in Schools of Nursing throughout Canada. While a systematic survey to secure criticism has not yet been undertaken, the Curriculum Committee, at the time of its publication, was aware that Chapter VII entitled "Education in the Clinical Field" was inadequate. A Supplement has been prepared in tentative form with the idea of placing more emphasis on clinical experience in nursing education. It is entitled "The Improvement of Nursing Education in the Clinical Field". It deals with philosophy, aims, organization and methods, and covers the administrative, teaching and supervisory aspects connected with the clinical education program. It is hoped that this Supplement will be used and studied critically, in conjunction with the Proposed Curriculum, and it is the intention that at a later date both will be revised and rewritten and combined in one volume.

The convener wishes to express her appreciation of the constructive criticism offered by members of the Committee and Provincial sub-Committees on the outline of the Supplement. Grateful thanks is expressed to Miss Jean Wilson, as secretary of the Committee, for her co-operation and the clerical assistance provided in National Office. Special acknowledgment is due to Miss Mary S. Mathewson, to whom the convener is indebted for help in many ways.

It is fitting on this occasion that an interpretation and expression of opinion of this Supplement should be undertaken by the Conveners of National Sections of the Canadian Nurses Association who compose the Core Committee. A short time ago Miss Agnes Macleod, Convener of the Nursing Education Section, notified the Convener that she would be unable to attend and Miss Gertrude Hall graciously consented to fill the gap at short notice. However, we are glad that Miss Macleod has found it possible to be present and to take part in the program—and she, together with Miss Peters, will summarize points made by the three speakers, including any discussion which may follow.

MARION LINDEBURGH,
Convener.

A Classic in Education

The members of the Canadian Nurses Association are glad to have a journal in which they may express their personal gratitude to Marion Lindeburgh for her contribution to Nursing Education over a period of years. Those who have followed the work of the Committee on Education must have been impressed with the demonstration of leadership that is seen through each stage of the curriculum study. Miss Lindeburgh has been generous at all times in emphasizing the work of the provincial members of her committee, but they, like the rank and file of C.N.A. members know that it is to the convener we owe a debt of appreciation that is difficult to express in words.

Those who were privileged to be present at the convention in Calgary and heard the presentation of "The Supplement" realize what a valuable addition this treatise is, and that it is indeed a tool in the hands of every nurse who counts herself a teacher. The predominant thought of her listeners was the sincerity and clarity with which the convener stressed the *care of the patient* as fundamental to any educational programme. She illustrated the stimulus and "imagination-stirring" to the student (whether graduate or undergraduate) of a patient whose physical and mental needs arouse a desire to improve that which we call "the quality of nursing", and compared it with the teaching value of the inanimate equipment which we have been prone to stress. Much emphasis was put on the place of the head nurse and supervisor and her opportunity of assisting in the development of the student through prepared and careful guidance. She also enlarged upon the opportunity of growth through such guidance and leadership.

A review of this excellent Supplement — a classic in education — appears below; but no formal review could tell of the time and effort so unselfishly given by the author. By using "The Supplement" as the basis of our study groups this winter, we cannot fail to re-dedicate our ideals of nursing. Thus, only, can we hope to thank Miss Lindeburgh for her service to the Canadian Nurses Asscoiation.

GRACE M. FAIRLEY,
President,
Canadian Nurses Association

THE SUPPLEMENT TO THE CURRICULUM

In 1936, nursing education in Canada made a notable advance, when at the biennial meeting held in Vancouver, the Canadian Nurses Association accepted the Proposed Curriculum for Schools of Nursing in Canada. After four years of intensive study and untiring effort on the part of Marion Lindeburgh, chairman of the Committee on Curriculum, there was then made available a guide and compass for the use of those whose duty it is to direct the education of Canadian nurses. An editorial comment which appeared in this *Journal* in September, 1936, reads as follows:

This curriculum is not an academic abstraction conceived in a vacuum; it is a living force which will profoundly affect the life and work of nurses in Canada. The Curriculum is primarily intended for use as a guide in schools of nursing, yet its influence extends far beyond them. Upon it will be based certain standards which will be used to measure the qualifications of nurses aspiring to fill administrative, supervisory, and teaching positions. Critical appraisal of schools of nursing will be facilitated by using it. Plans for graduate study will be based upon it.

Although it is only four years since this prediction was made, it has already been amply fulfilled. The trial use of the Curriculum has had a profoundly beneficial effect in that it has set up a sound standard of values and, at the same time, serves as a measuring rod whereby we may guage the extent to which Canadian schools of nursing are living up to those standards.

By way of proof that the Curriculum is dynamic rather than static, Miss Lindeburgh has now presented to the Association the Supplement on the Improvement of Nursing Education in the Clinical Field. This constitutes both a revision and an expansion of Chapter Seven, and fortunately is available for immediate use at a time when unusual demands are being made upon clinical knowledge and skill.

This revision was undertaken because it seemed to the Committee on Education that more emphasis should be placed upon the development of the student in the ward situation, and that an attempt should be made to bring all learning experiences together in a "patient-centered" program. The Supplement is based on the principle that "quality" nursing makes for good nursing education, and the needs of the patient are therefore paramount throughout. Special emphasis is laid upon nursing the patient as a whole, upon the health point of view, and upon teaching opportunities.

A series of articles, constituting a detailed analysis of the Supplement, is now being prepared by nurses who are specially well qualified to deal with its various aspects. The first of these appears in this issue of the *Journal*, in the form of the excellent contribution made by Miss Gertrude Hall during the session at which the Supplement was presented. Miss Hall deals competently with the administrative implications of the Supplement, and the remaining articles of the series will doubtless prove equally illuminating.

In order that this comprehensive analysis may fulfil its purpose, it is of course necessary to study the Supplement in its entirety. It is divided into two parts, the first of which deals with the philosophy, aims, and principles of education and their application to nursing education in the various clinical fields. Part Two is an expansion of Part One, and deals in detail with the organization and execution of the clinical teaching program. The statements made in Part One are supported in Part Two in a discussion of their application to the development of the student through clinical experience. A striking comparison is made between the " patient" and "efficiency" methods of assignment, and valuable suggestions are made concerning the full utilization of opportunities for teaching. Much attention is given to the important part played by the head nurse in her dual capacity as administrator and teacher, and the section which deals with methods of clinical teaching is particularly valuable.

No better use could be made of the Supplement than has been suggested by the President of the Canadian Nurses

Association in the tribute to Miss Lindeburgh which serves as a preface to this review. The Supplement would be an admirable guide for a series of staff conferences at which supervisors and head nurses might undertake to interpret its findings in terms of their own experience. One or more recommended objectives could then be selected and an effort made to strive toward actual attainment. Many pertinent questions are raised on every page and, in an attempt to answer them honestly, any school of nursing will discover not only the sources of its strength but also the means of correcting its weakness.

Administrative Aspects of Nursing Education in the Clinical Field

GERTRUDE HALL

Before beginning a discussion of the administrative requirements by which clinical education may be carried out, I should like to briefly summarize the general impressions received from even a cursory reading of the Supplement to the Proposed Curriculum for Schools of Nursing in Canada. I was at once impressed with the completeness with which this important aspect of nursing has been outlined; one immediately senses that same spirit which permeates the Proposed Curriculum. Each step in the clinical preparation of the nurse has been clearly defined, and it is indeed a composite picture of all the essential elements which build into the fabric of the art of nursing. Administrators, teachers, supervisors and head nurses now have a guide which is of real value. No question or problem has been left unsolved, save that of providing the actual conditions under which the excellent suggestions and recommendations may be made effective.

This is not the time to discuss the economic factors which play so great a part in all our plans for improvement and progress. However, experience in surveying and studying schools of nursing within the hospital prompts me to raise some questions which seem to have a direct bearing upon the implementing of the Proposed Curriculum and the Supplement. As long as we must continue to think in terms of nursing service to the hospital as of major importance, and the preparation of the nurse always as secondary, can we ever hope to build a sound educational program? True, every effort is being made to reduce the hours of duty so that our students may be in a position to obtain the maximum benefit from the improvements in the curriculum, but the problem of providing a sufficient number of graduate staff to enable administrators to plan the clinical experience for the student according to her needs and not according to the demands of the hospital continues to be a major difficulty and, as I see it, will continue to do so until we can bring the general public to appreciate the fact that nursing education is not the financial responsibility of the hospital.

There are those who would comfort and soothe by enumerating the many advances which have been made in the better preparation of the nurse. With all of these I am ready to agree, but the fact remains that we have expected and we continue to expect the impossible on the part of student nurses. We have increased the content of our curriculum —that is, superimposed it upon the structure already there, and even though we have shown a little improvement in the personnel of our nursing school faculties, yet we must frankly see ourselves on exactly the same educational pathway we were treading twenty-five years ago. Ask the educator in any other field if he would like to turn the hands of the clock backward twenty-five years.

You may well ask — why should this be? The field of general education, and the other special fields of education, have been administered by boards of education or senatorial bodies who, if they had not seen the need for progress and change themselves, would have been made to see it by the pressure of public opinion. Such an opinion could not stand by to watch the hurried preparation of students, turned out of those institutions year after year, without adequate development for the fields of service for which they were supposedly intended.

It is at this point that we begin to see ourselves caught between the old and the new and, when we begin to evaluate what we are doing and seek for improvement in our use of the clinical experience, we find ourselves weighted with traditional and outmoded methods and, to a large extent by economic barriers. Is it not possible that we lose sight of logical reorganizations that would not increase overhead cost of operation, yet conform to better educational developments at the same time increasing the efficiency of nursing care?

Clinical experience has been defined as the means whereby the student develops the art of nursing. Bedside care is a fundamental and educational activity. The present system of nursing presupposes that the student nurse will be taught knowledge of diseases and skill in caring for individual patients, while securing practical experience in all the branches of nursing. It is obvious then that this educational process should take place in the wards where skilled and prepared teachers are present for the purpose of teaching students how to care for patients.

Superintendents and head nurses will find the discussion of the patient assignment method of particular interest. Emphasis is placed upon this method as a means of assisting the students to accept the responsibility for the complete care of a group of patients whose needs are within the range of her nursing ability. Those who still cling to the efficiency method will do well to study the section "assigning patients to the student". There seems little doubt of the value of the former, whereby the student is afforded the opportunity of nursing the patient as a whole. The various needs of the patient stimulate the student to think, to adjust and to plan. As she strives to do better nursing, she is becoming a better nurse. A point in favour of this plan, which I believe is of great importance, is that while caring for the whole patient, the student is being taught to care for the patient in the manner in which she will practice as a graduate. If she does not learn to view the patient as a whole in her under-graduate experience she will have to make many abridgements as a graduate. From the patient's point of view, this is a satisfactory arrangement in that he is not required to adjust to several nurses who do not understand his con-

dition. He feels more secure, relaxed and satisfied when he knows there is one nurse on whom he can rely for all his wants, who is definitely interested in his welfare and is assuming complete responsibility for his care.

From the point of view of the head nurse, the patient assignment method provides a sound basis for effective ward teaching and affords her an excellent opportunity for grading her patients according to the experience level of each student. Otherwise there is present the danger, from the patients point of view, of being assigned to the care of a nurse of immature experience level, and at the same time a more senior student is deprived of the experience while she is busily engaged in carrying out a segment of ward routine. Last but not least, comes the reference to the physician who prefers the patient assignment plan because it is the most satisfactory method of securing information about the reactions of the patient to the medical and nursing care. It is in accordance with his procedure in private practice, when his patient has a special nurse.

From the replies to enquiries as to the reasons why the patient assignment method is not being more generally adopted, the answer in each instance was to the effect that the main object on a busy ward is to get the work done quickly, and that for this reason the efficiency or functional method is more likely to make for an economy of time and for efficiency in the management of specific activities. There again we have the ever present conflict of service to the hospital and the education of the student. When, on the other hand, experience has proven that from the standpoint of good nursing care, as well as good teaching, assignment on the case basis has so many advantages over the efficiency method, one is forced to admit that the administrative difficulties which are responsbile for the lack of its complete adoption require the most careful study in an attempt to remedy the situation.

Briefly, the administrative difficulties would appear to be inadequate number of nurses to carry the service, and the hours of duty also require adjustment. Those who have had experience with a straight eight-hour day contend that it is quite possible to so arrange the duties that such a plan may be made effective. Has not the time arrived when we should be willing to try to make the necessary adjustments so that this plan may become operative? Have we not sufficient proof to present to administrative bodies and to the medical fraternity that the adoption of this plan is in the best interests of the hospital, the patient and the student? Could we not at least gradually introduce the plan on one or two wards?

Many things are expected of our head nurses today. One of the major requirements is that they be able to teach as well as administer a ward. The real objective being the improvement of patient care, does not the aim underlying every case involve that of greater safety and better comfort for the patient? — and we interpret the term patient to mean ultimately the family and community as well as the individual. To be sure there are certain selfish reasons for head nurse teaching in the hospital. The more students know, the lighter becomes the head nurses task; the broader the information the graduates have regarding the departments work, the smoother will the unit run and the fewer will be the mistakes for which the nurse is blamed; the larger the acquaintance of our adjunct personnel with their own tasks and with the hospital, the less the amount of time wasted in purposeless activity; the greater the familiarity of the patient

with the reasons for his care, and with the policies motivating the hospital giving that care, the higher, in most instances, will be the level of his co-operation both as regards his own care and as concerns the work of the hospital. And the deeper the understanding the public has of the actual and potential contribution of the hospital to community welfare, the wider and more generous will be its support of hospital activities and development.

If we are to make possible an effective ward teaching program, it is obvious that the hospital must endeavour to provide a clinical staff, adequate in number and having the necessary qualifications to fulfil their particular responsibilities. The increasing demands of ward administration and teaching make it very difficult for one graduate nurse, unsupported, to fulfil her dual responsibility effectively. This is particularly true of the services which are often thought of as the specialties, such as obstetrics and pediatrics. The students are placed in these services for a limited time only, and it is most important that the time and experience be planned to the best advantage. The head nurse should be relieved of as many administrative duties as possible in order that she may be free to conduct a good teaching program. Some hospitals recognize this need and are attempting to meet it by appointing a graduate nurse to act as assistant to the head nurse. This plan is commendable in that the experience the assistant is receiving is at the same time preparing her for head nurseship, should she develop the qualities to fill the position.

Because of her wide experience in the specialty of her department, it is recommended that head nurses be responsible for the teaching of their particular specialty, and this practice is being followed in many schools. Head nurses should be given every opportunity to obtain post-graduate preparation in order that they may be in a position to give more effective educational opportunities to the student. She needs, as does the classroom teacher, an understanding of the principles of education upon which to base her planning and her teaching. She should possess a knowledge of the basic sciences and be familiar with the class-room program in order to help the students to integrate theory and practice in ward experience. Not every nurse is capable of becoming a head nurse. She should be chosen carefully. The difficulty encountereed by many hospitals in obtaining and retaining qualified head nurses too frequently revolves around the dislike for institutional living, long hours of duty and, in too many instances, salaries which are far from commensurate with the responsibilities. There is need of a continual educational program for the members of Hospital Boards in this aspect of administration. Those hospitals who do provide living-out allowances, and whose staff enjoy the privileges of an eight-hour day, are able to live a more normal life, and in return, bring to their work a zest and renewed interest which is not possible under the present plan. The problem of frequent turn-over in staff is lessened tremendously and the hospital and patients benefit directly from these adjustments.

Providing experience in the essential clinical services does present some problems which will also require study and perhaps adjustments. There is need for determining the adequacy of available clinical material and a knowledge of the number of student nurses a service will accommodate. The Canadian Nurses Association recommends that schools of nursing should provide experience in several fields of nursing — medical,

surgical, pediatrics, obstetrics, communicable diseases, psychiatry and, if possible, a period of experience in the community. Arranging for rotation through the various services supplying experience in all of the above, much of which must be planned by affiliation, presents difficult adminstrative problems. While there are many who advocate lengthening the course beyond three years, a very careful study should be made of the whole situation before taking such a step. It is recommended in the Supplement, and I quote: "that a study be directed toward discovering what adjustments could be made profitably within the present three-year period to economize the time of the student." The Supplement suggests that such an investigation might centre around the following questions:

Would entrance requirements demanding better educational preparation, particularly in science subjects, be a means of conserving time during the basic course? As a result of such a policy, would not the student come better equipped and more ready to utilize her knowledge earlier in her course? Is the student at present undertaking or repeating duties which have little or no educational value, thus consuming valuable time on non-nursing duties? What should determine the length of practice a student should have in the various nursing duties, and when does continued practice become wasteful? In hospitals where helpers are used, have any studies been made to determine the amount of time thus saved for the student? With such provision made, would it be reasonable to suggest that the time prescribed for adequate experience in the various services be reduced in order to include an affiliation, or some other experience, which has not been possible because of lack of time? Could ward equipment be improved or better arranged in order to conserve the time and energy of the student? How much time is wasted in unnecessary steps because cupboards, utility rooms, etc., are poorly located, or because equipment is not as available as it might be? Are the teaching and supervision of the student, of such a quality as to prevent the formation of bad nursing techniques which take time to correct? Is the student taught to apply principles of scientific management to her work whereby she may develop economical and effective habits which reduce false and unnecessary movements to a minimum? How much time is wasted by students in nursing procedures in which they have had sufficient practice? What would the adoption of the eight-hour day do to help the student to become more alert and sensitive to learning opportunities so that she might accomplish more in a given time.

Thoughtful consideration of the above questions makes it plain that there are many situations and conditions existing which predispose to waste of the time and energy of the student nurse. If it were possible to make certain adjustments, much time could be conserved and used for furthering and broadening clinical experience.

For a number of years, those nurses responsible for directing the educational program have been conscious of the emphasis which has been placed on classroom instruction while the students ward activities were directed toward accomplishment of work without any carefully planned correlation between her theoretical education and her actual nursing experience. This is a double evil, since it brings failure to make meaningful her classroom teaching, while at the same time she loses the valuable material in the concrete feild. The proposed Curriculum has succeeded in bringing the classroom out of its enforced isolation and has made us all ward-teaching conscious.

In planning the clinical experience

program, efforts must be made to reduce as far as possible, the time elapsing between the lectures and classes in the clinical subjects and the related experience in the care of patients in the clinical fields. The wards of the hospital, where students have their clinical experience, should be considered as laboratories. Here too, it is essential that equipment be adequate and physical conditions satisfactory in order that desirable results may be obtained from ward teaching experience.

A hospital with segregation of all services is better facilitated for a teaching program; a mixed service, carefully analyzed, can be adapted to such a program but requires more planning and supervision. There are three general plans in use at the present time which provide for theory and practice: Classroom and clinical experience may be arranged concurrently, the block system may be used, or a combination of both plans may be adopted. The problem of correlation of nursing theory and practice could be greatly lessened if head nurses and supervisors would make an earnest attempt to correlate knowledge and practice in ward experience. Students should be stimulated and encouraged continually to apply their knowledge of chemistry, bacteriology, anatomy and physiology, hygiene and nutrition and other sciences, to nursing problems on the ward. Here again we are confronted with the problem of head nurses who have neither the preparation nor experience to carry out such an integrated plan. All along the way, we are compelled to admit one of our greatest needs is that of providing prepared members of the faculty.

The principle of rotation of students is well stated in the Supplement. The progress of each student through the clinical services should be in logical order and so planned that she will not miss any essential service, nor be kept on any service longer than is necessary for experience and educational purposes. The time necessary to master fundamentals varies with individuals, nevertheless it is advisable that a definite schedule be followed. The assignment of the student nurse to the various services should be made according to her needs and training. She should be gradually inducted into nursing activities, and her growth should be a self-determining process, guided but not forced. The person or persons responsible for the planning of clinical experience should certainly be educationally minded. She should work in close co-operation with all other members of the teaching faculty.

A good School of Nursing should seek to arrange such conditions of nursing practice as will emphasize and preserve the educational value of this type of experience. In order to accomplish this, a good nursing service implies enough nursing time and personnel to insure good nursing with satisfactory working conditions and reasonable hours for all. By good nursing care, is meant both the quality and amount of care essential to the mental and physical well being of the patient. A good nursing service will require a permanent graduate staff, furnished in sufficient numbers to insure a stabilized service at all time and to safeguard a balanced clinical program for the student nurse. It will require a well qualified personnel to direct the care of patients and the education of nurses. There should also be provided, sufficient non-professional personnel to carry on routine housekeeping and non-nursing duties. The hours of work required of the nursing personnel have a direct bearing on the quality of the nursing service, and greatly effect the educational value of

clinical experience to the student.

Again and again one hears it said that in order to become a good nurse the student should have the opportunity to observe and practice good nursing. This statement carries responsibilities for adequate supervision, particularly is this necessary for new students who left to their own resources, are left to learn by their mistakes, thus losing considerable time in learning and more often cultivating poor technique. Adequate supervision of new students promotes the saving of time, as well as a good quality of nursing. Mention should also be made of the necessity for adequate equipment and supplies, both in quantity and kind, and standardization of equipment on each ward. Good standards of nursing care are rarely found where the physical facilities are poorly aranged and indeed lacking. Another point in providing for good nursing care is one which must be constantly kept sight of. I refer to the impossibility of doing two hours of work in one hour of time.

A good head nurse will sit down and plan the nursing care of the patients in her department according to their needs and according to the nursing personnel, taking into account such auxiliary assistance as ward aides and orderlies. Too often I find the nurse-patient ratio is based on the total number of nurses on a ward, regardless of how many are actually giving bedside care. Such factors as experience of students, amount of supervision required, play little part in such ratios. May I refer you to an excellent plan for estimating nursing needs. This plan appears on page 5 in the report of the Committee of Nursing and Nursing Education, prepared by Miss Agnes Macleod and published by the Canadian Hospital Council.

It has been pointed out that constructive organization must be based upon the needs of the student, and a knowledge of what the clinical services have to offer in relation to nursing objectives. It is necessary, therefore, that all members of the staff should appreciate the aims of the under-graduate course. The educational program cannot function effectively unless there is co-operation founded upon a common understanding of nursing objectives, policies and procedures. The best approach to organization and planning is by way of staff conferences. In well organized educational institutions these are held at regular intervals and when special problems arise, this practice has a special value when applied to schools of nursing. There is need to discuss principles, procedures, and problems involving both the student and the patient. All members of the nursing staff who have any part in the teaching program, whether in the classrooms or on the wards, should co-operate in the planning of this program. To further this plan, opportunities should be provided for staff attendance at institutes, conventions, meetings, extension courses and for observation of nursing and teaching techniques in other hospitals.

In summing up the problems which appear to present the greatest difficulty in making the clinical experience program more effective are:

1. The hours of duty are still too long.
2. The lack of properly prepared personnel. Many golden opportunities on the wards are not utilized because of this very reason.
3. The need for more careful planning of rotation of students.

Each and every one of these difficulties present a challenge to nursing leaders to keep pressing forward for improvement in the realization that although the struggle may be hard, the objectives are worthy.

Mary Agnes Snively – The Woman

GRACE M. FAIRLEY

You all know Miss Snively as a nurse, an administrator, and a leader; but it is to a steadily diminishing number that Mary Agnes Snively, the Woman, is known. She was deeply religious, and never lost an opportunity of quoting from the Good Book—but her quotations were always timely and apt. Someone has said of her that this religious trait was demonstrated by the number of children of missionaries in whom she was specially interested, and who were often to be found as undergraduate nurses at the Toronto General Hospital, or medical students at the University of Toronto.

One of her graduates, who knew her intimately said of her: "Her outstanding characteristic was her strong sense of justice—her desire was to *be* just". Her religion was vital. In her younger days, to quote one who admired her greatly, "she was of the Spartan type—her's was a Presbyterian God—but as she grew older, she mellowed and became more tolerant." An example of her great faith was demonstrated during her last illness when she dismissed with a kindly word the nurse who was caring for her. When the charge nurse urged that she be allowed to remain, she said, with quite a little scorn, "Surely you do not think that I am afraid to die alone"—and so she died—how typical of the woman. She was completely sustained by her great and abiding faith.

Miss Snively was in every sense the Superintendent of the Victorian era—a strict and severe disciplinarian. One wonders if this was not assumed—a demeanour that was expected of superintendents of that time—rather than what, in any other walk of life, would have been her natural manner. She was most generous to all nurses, not limiting her interest to the graduates of her own school. Many women from other parts of the Dominion and from other countries benefitted by her advice and kindly guidance.

Although she was essentially progressive and alert to changing conditions, one does not remember Miss Snively for any great scholastic qualities But one does realize that she thought clearly, and had a real vision of the place that Nursing in this Dominion was destined to take. Nowhere is this better demonstrated than in the part she took in organizing the Canadian Nurses Association, and her contribution to the International Council of Nurses. One of her graduates once said: "I think Miss Snively lived too soon—how she would have enjoyed the well-equipped residences and the greater leisure for students! I am sure she would have made wise use of both."

Recently, I read with great interest Dr. C. K. Clarke's book "The History of the Toronto General Hospital". One gained from that intensely fascinating history a knowledge of just what the daily life of a superintendent must have been in a school such as the Toronto General Hospital of her day. The problems of her time were just as many, if somewhat different from the problems of today, and there was evidently little luxury or leisure.

I do not think that Miss Snively had a sense of humour, but her personality was bright and happy. A picture that will ever be indelibly impressed on my mind is the deep affection expressed so often by Miss Gunn for Miss Snively,

and the almost parental acceptance of this loving care. I remember being present at a reception at the Toronto General Hospital when Miss Snively was receiving with Miss Gunn, and in conversation with her later in the evening I said that I could wish for nothing finer as an experience in life than that a successor of mine would show me the affection that Miss Gunn showed at all times to Miss Snively. I know that this affection was reciprocated.

It is to commemorate this woman that we meet tonight, and it is my privilege to present to three of our members the Agnes Snively Memorial medal which is our means of conveying to them the appreciation and admiration of this Association for their work in the interest of Nursing.

REPORT OF THE LEGISLATION COMMITTEE

The Legislation Committee of the Canadian Nurses Association submits the following report regarding incorporation of the Canadian Nurses Association.

The Company's Branch of the Ontario Government was consulted and they stated that they could see no drawbacks to incorporating an organization such as the Canadian Nurses Association, and pointed out the advantages (a) protection of individual members of the executive; (b) ability to own property and accept legacies, etc., and indicated the Federal Act under which this would be possible. They advised writing to the Under Secretary of State, Ottawa, for application forms, but also advised that the Association have a lawyer draw up the application in order that no errors be made in the phraseology of it.

A lawyer was consulted who confirmed the opinion of the Provincial Company's Branch re advantages of incorporating, and drew up the following report:

The Secretary of State may by Letters Patent grant a Charter to any number of persons, not less than three, constituting such persons and others who become subscribers to a Memorandum of Agreement, and who thereafter become members of the Corporation, a body corporate and politic without share capital for the purpose of carrying on in more than one Province of Canada, without pecuniary gain to its members, objects of a national, patriotic, religious, philanthropic, charitable, scientific, artistic, social, professional, or sporting character, or the like.

We believe that the Canadian Nurses Association could be incorporated as a corporation without share capital, provided that it carries on its work in more than one Province without pecuniary gain of its members. The Association would probably come under the head of the word "professional . . . or the like".

The incorporation fee payable to the Secretary of State of Canada would, in our opinion, be $100. The fee is only $10 when the corporation is incorporated for historical, literary, scientific, artistic or charitable purposes, but we are of the opinion that the Canadian Nurses Association does not come in this latter category.

The applicants for Letters Patent must be twenty-one years of age or over, and must file an application as nearly as may be in accordance with Form 3 of the Schedule to The Dominion Companies Act. Such application must set out (a) proposed name of the corporation; (b) purpose for which incorporation is sought; (c) the place within Canada where the Head Office of the

Association is to be situated; (d) the names in full and the address and calling of each of the applicants; and (e) the names of the applicants, not less than three, who are to be the First Directors of the corporation.

The application shall be accompanied by a Memorandum of Agreement in duplicate in accordance, as nearly as possible, with Form 4 in the Schedule to the said Act, signed and sealed by the applicants, setting forth the by-laws of the proposed corporation and more particularly setting forth by-laws on the following matters: (a) conditions of membership, including societies or companies becoming members of the corporation; (b) mode of holding meetings, provisions for quorum, rights of voting and of enacting by-laws; (c) mode of repealing or amending by-laws with special provision that the repeal or amendment of by-laws not embodied in the letters patent shall not be enforced or acted upon until the approval of the Secretary of State has been obtained; (d) appointment and removal of directors, trustees, committees and officers, and their respective powers and remuneration; (e) audit of accounts and appointment of auditors; (f) whether or how members may withdraw from the corporation; (g) custody of the corporate seal and certifying of documents issued by the corporation.

He also added verbally the opinion that the only possible hindrance to incorporating at a cost of $100 is the fact that the Association publishes a magazine with a separate subscription. However, he feels that no difficulty should arise if we put as one of our objectives "to publish a magazine for the benefit of the nursing profession, any monies received for the same to be used for expenses and betterment of the magazine", or some such statement.

Therefore the Legislation Committee expresses itself as approving of the incorporation of the Canadian Nurses Association and asks that this report be submitted to the biennial meeting in 1940.

MARY B. MILLMAN,
Convener.

REPORT OF THE PROGRAM COMMITTEE

The members of this Committee are the chairmen of the three National Sections, the chairman of the Committee on Education, the convener of the Committee on Arrangements, the Executive Secretary, and the President as convener. In preparation for this convention, there was one meeting at which four members were present and two at which three were present, although much of the work of this Committee of necessity must be by correspondence.

The Committee has endeavoured to prepare a program that will be helpful to all members of the profession, realizing that the value of a convention depends upon whether those present gain something of value, whether it be new ideas or a better solution for old problems, and can thus take back to their locality, hospital, organization, or group, the result of the discussions.

Probably the greatest contribution that you, who will be the critics of this convention, can make to the profession is, while your criticisms are fresh in your mind, and there is some matter you had hoped might be discussed, and which did not appear on the agenda, to write your suggestions down and let the program convener for the next biennial meeting have the benefit of them. That is one way that future conventions can be improved.

GRACE M. FAIRLEY,
Convener.

The Lay Woman Looks In

Mrs. Rex Eaton

I must confess at the outset that I am truly a lay woman. Not once, at any moment of my life, have I wanted to be a nurse. My only contact with you professionally has been in those rare instances when some member of my family has needed your services. Your world of actuality is to me unreal and shadowy. You are associated with my hours of anxiety, drama and tragedy. When those hours have gone, my association with you has gone.

I have learned some things from these experiences which make me put a high value upon the profession of nursing. Under strain and fear, everything took on new proportions. I did not put the emphasis in the right place and in spite of all my efforts panic would overcome my good judgment. I turned to others who had training and experience, not only to make use of their skill but also for comfort and confidence. When I began to think it over, I realized that what I demanded at such times could come only from men and women who possessed the highest attributes of character.

It is interesting to meet a group of people who have taken up the same occupation. It has been my privilege to meet many such groups and to discuss with them problems in connection with their work. After you have spent some time with them, you realize there is an atmosphere distinctive to the particular group with which you are dealing. It may be hairdressers, with an independence due to operating a small business, and a charm developed by long experience in pleasing an exacting and confiding clientele. It may be a group of carpenters, poised becaused they have mastered an intricate trade, confident because of long experience in negotiations. It may be the women working in canneries, timid because of the insecurity of a seasonal occupation, eager for protection because they have not the organization to get it by their own efforts.

In general, certain qualities of character, temperament and intellect lead people to choose the work they do, and I had the opportunity to gather definite impressions of the outstanding characteristics of nurses when some time ago it became my responsibility by appointment of the Provincial Government, to make a survey of labour conditions in hospitals in British Columbia, with particular reference to conditions of work of nurses and nurses in training. On the committee with me were Miss Walters, superintendent of nurses at Essondale Mental Hospital, and Mr. Percy Ward, inspector of hospitals in British Columbia. I hastened to name the other members of the Committee to save you from the fear that the administrative and professional viewpoint was not ably represented. As a member of this committee, although still in the role of the lay woman, I had intimate and cherished association with members of your profession, for many months. The method of the survey was to visit hospitals in sufficient number to get a cross section of all types, large and small, in both city and rural districts. We met the administrative officers, the supervisors, the nurses in training, in separate groups. We were advised by the Council of the Registered Nurses Association of British Columbia and many others interested in hospital problems.

Usually, nursing is known as a pro-

fession. Without discounting the significance of this term, I have come to think of nursing by the old fashioned word of "calling". We reserve this word for those who serve the Church; because of a spiritual sensitiveness they respond or are called to sacrificial service. I do not wish to embarrass nurses by ascribing virtues to them upon which they feel they have no claim; but after meeting groups of ten or twelve nurses until I had talked with about five hundred, I realized that there were certain definite characteristics of the group which must be taken into account before practical recommendations were made.

I wondered how many nurses had entered their training schools with the idea that when they were finished honour and money would come to them. It seemed to me the number in this category would be very small and that the great majority instinctively had responded to the appeal of service and self sacrifice which the profession demands. Once within the profession, this predisposition to sacrifice is emphasized. Professional ethics, the pledge, obedience, self-discipline are instilled from the moment they come into the hospital. I do not advocate that there be less of this teaching and inspiration. It will give the strength needed to meet the hours ahead, when the emergencies of the profession are met by the assured and confident nurse.

I am of the opinion that no girl is accepted for training unless she is supposedly in perfect health. It is true that the risks of illness, incidental to her work would be relatively higher than in many other occupations; but it seems reasonable to suppose that the attention and care given to her by the hospital, and denied to those in other occupations, should guarantee that at least she commenced her professional work with a good measure of health. No woman could continue to expend the physical energy required in nursing unless she had been blessed with a strong constitution.

No one is admitted for training until she has met educational standards, which are sufficiently high to guarantee that any woman in the profession has the intelligence to cope with her work and the problems of her hospital. An intelligent conscientious person of sound physique, motivated by the ideals of service, will endure much without complaint and gives little thought to her own self protection.

I recognize that I am speaking to the leaders in the profession of nursing and I should like to express my appreciation of your attitude toward the matter of hours of work for nurses. Difficult problems confront you. For many years you have steadily worked for higher standards in your profession, and are trying to meet the demands in special departments without yielding any of the requirements for a general training. You have realized, particularly in the past few years, that some safeguard must be established to protect the health and rightful leisure of the nurse, to save her from the ever increasing demands made upon her energies, under the pressure of exacting work in the modern hospitals. To that end you have advocated the eight-hour day, and have made notable improvements in conditions of work. You have not done this for yourselves—you have urged it for other nurses. In the course of our survey, the superintendents of nurses in their administrative capacities did everything in their power to give the committee a true statement of conditions in their hospitals. In several instances they approached their Boards for permission to experiment with new schedules in order to appraise the cost of change. Records of overtime for several weeks were kept and submitted to the Com-

mittee. Your president, Miss Fairley, gave unstintingly of her time and in the three days we were in her hospital afforded the utmost co-operation. It is evident that, not only in word but in fact, support of your resolution for an eight-hour day is given by your leaders.

It is my belief that in any work of a steady and routine nature, under normal circumstances, an eight-hour day, a forty-eight hour week, and one whole day of rest in every seven is the maximum that should be required of any person. In every hospital, even under normal circumstances, it is accepted that frequently unforeseen emergencies occur which would make it impossible to observe a strict interpretation of an eight-hour day, and overtime work must be done. It seemed advisable to adopt a modified practical standard which allowed 96 hours of duty, including overtime, in a period of two weeks, with two full days off duty during that time. This provides a flexibility in the number of hours worked each day and allows two weeks in which the overtime can be made up, while still adhering to the principle of the eight-hour day and forty-eight hour week. If an exact record of the hours of work is kept, you will find very few hospitals meeting this standard, which generously allows for hours in excess of those customarily worked by employees in stores, offices and other occupations.

There are two ways to establish recognized standards of hours of work. The most satisfactory way is for those concerned to negotiate firmly and reasonably with those by whom they are employed. The alternative method is to set up standards by means of legislation. In either instance, a great deal of effort is involved. Rarely does it happen that improvements are made unless some persons or groups are willing to put forth a sustained attempt to achieve them. The situation is admittedly more difficult in an institution or business where no profit is made and the deficit is a matter of public concern. It is essential that full support should be given to the movement by those within the group. It is almost as important that there should be informed and sympathetic public opinion in accord with the objectives of the group. Looking in upon your problem it seemed to me that you have considerable educational work to do both within and outside your profession, if you are to achieve an eight-hour day and forty-eight hour week.

I have referred to your leaders and their attitude toward this problem and I should like to speak now of the general group of nurses. Intelligent, conscientious, with a strong tendency for self-sacrifice, the general duty nurse works hours in excess of those established in other occupations and, more frequently than we care to think about, exhausts her first splendid physical strength.

Financial difficulties are common to most hospitals, and no one can approach any hospital problem without first appreciating this great conflict between receipts and expenditures. The nurse has an intelligent grasp of the situation within her hospital equal to that of any member of the Board of Management, except possibly in the very large hospital. She sees all too clearly the need for equipment, supplies, and buildings, and in consequence hesitates to press for her own requirements. Over and over again, while we were talking of acceptable hours of work some nurse would say, "That is right and what we need, but the hospital cannot afford it". It did not seem to occur to many nurses that the needs of other workers are met by hospitals. Maids, janitors, orderlies, painters, electricians, plumbers, stenographers, and telephone operators working in the institution have reasonable hours

of work. This whole problem of the cost of hospitalization will not be solved by economies effected through curtailing salaries and increasing the hours of work for nurses, and I regret that the average nurse assumes a personal responsibility which I do not think any one should expect her to carry.

Amongst the group of general duty nurses, there seemed to be very little aggresssive agitation for reforms. The younger nurses, especially the student nurses, are somewhat more outspoken. Not that they show any sign of taking any action to improve their conditions of work but at least they do not hesitate to say what they want. As a matter of fact, it is indeed difficult for nurses to be aggressive about improving their conditions of work. The work of people employed in factories, stores and offices is incidental to transactions of business connected with the manufacture and sale of goods. The comfort, happiness and life of suffering and helpless people is the concern of the nurse. Regardless of everything, she must keep on until her work is done.

Training, temperament and the circumstances of her work, make the general duty nurse a poor advocate for her own interests. Otherwise, it seems to me that in this day and age, there would be official representatives of the nurses employed in a hospital meeting their employers to discuss complaints about salaries, hours and living conditions. To a lay woman this procedure seems quite reasonable but I recognize that from a professional viewpoint there are risks which nurses might not care to take.

The general duty nurse is expecting that some more powerful agency will bring about the necessary changes. The Provincial Association of Registered Nurses is the first hope she has and a great responsibility rests upon it. For many years you have tried to effect improvements through your own efforts and the results are not altogether satisfactory. Last year, when you endorsed the policy of asking for legislation to give adequate protection to nurses your program became more complicated. In promoting this policy you will come in contact not only with Hospital Boards and nurses but also with people to whom your problems have not been a matter of deep concern. Legislation, unless supported by a sympathetic majority of the general public fails to be effective. You may decide that the time has come to enlist outside support on your behalf. I do not think this will be forthcoming unless you ask for it. You are a profession of high standing, with your own professional Associations, and other organizations will hesitate to take the initiative in any matter of concern to you. They will wait for you to make the first approach. If you decide to follow this course, there is no doubt in my mind but that the help would be given to you.

In eight of the nine Provinces of Canada, there is authority for legislation under the terms of the "Minimum Wage and Hours of Work Acts". No Province has promulgated orders affecting nurses, except Alberta where a strict interpretation of the Hours of Work Act would make the provisions applicable to nurses. In British Columbia, some progress can be reported in that this survey of conditions of work has been made by the Government. As yet no governmental action has been taken on the recommendations of the report, but the continuous survey, which is now taking place is important and will have beneficial effects.

Without doubt, the work of the Committee has stimulated the interest of Hospital administrators in the conditions of work for nurses in their hospitals and has encouraged the Council of the Registered Nurses Association of British Columbia

in their efforts to bring about required changes. It has been gratifying to find a marked improvement in the schedules and salaries which have been made voluntarily by a number of hospitals during the past two years. Indirectly I have heard the appreciative comments of many nurses, who have enjoyed the benefits of these improvements. It is impossible for me, and in a greater degree for you, to be satisfied with the prevailing conditions of work for nurses. Whatever may be your policy of action for safeguarding the health and welfare of your profession, I can assure you of the co-operation of many lay women in the community.

REPORT OF THE COMMITTEE ON EIGHT-HOUR DUTY FOR NURSES

Most of those present are familiar with the resolution passed at the last Biennial Meeting of the Canadian Nurses Association which reads:

> Whereas the present long hours of service rendered by student nurses seriously interfere with the implementing of the recommendations of the Proposed Curriculum for Schools of Nursing in Canada, therefore, be it resolved, that a Committee of the Canadian Nurses Association be formed with a provincial representation to proceed with definite plans to secure an eight-hour duty period for student nurses, this to apply to night as well as day duty; also, that this same committee take steps to implement and bring into force an eight-hour day for graduate registered nurses.

As is inevitable in the formation of a National Committee, some delay was experienced before the personnel was chosen and the Committee organized to function. After communicating with the Executive of the Canadian Nurses Association, the decision was reached that the Committee should be composed of the representatives chosen by each provincial nurses association, with a small sub-committee with whom the chairman could readily confer. In some provinces a representative only, was appointed; in others, a representative committee was formed.

The definition of the objectives proved the next problem. While the objectives were outlined in the resolution, their interpretation has been the cause of some speculation and study. Your Committee was faced with such questions as: (1) Should the objective of this committee be made quite clear and all provinces work towards the same end, namely, a forty-eight hour week, or ninety-six hour fortnight? If so, which of these periods should be adopted as the objective? (2) Should the period of duty include lectures and classes? (3) Should arrangements regarding division of time be left to the individual hospitals, it being frequently felt that a divided period of time is less fatiguing?

In order to obtain the consensus of opinion regarding these questions, they were submitted to the representatives in each province, and to the Executive of the Canadian Nurses Association. At the same time it was suggested that, if deemed advisable, a letter might be sent from the National Office to the Minister of Labour in each province.

The replies varied. In answer to question one, the majority agreed that a

ninety-six hour fortnight should be made the objective. The same unanimity of opinion was not evidenced regarding the inclusion of lectures and classes in the hours on duty, or the policy dealing with arrangement of hours. The Executive of the Canadian Nurses Association recommended:

That a ninety-six hour fortnight should be the objective.

That lectures and classes should be included in the time on duty.

That the arrangement of time should not be left to the individual hospital, but that the goal should be made a straight eight-hour service with staggered hours not more than four times in any one fortnight.

A copy of these recommendations was sent to the representatives in each province.

Only one provincial association definitely requested that a letter be sent to the Minister of Labour. This was done through the National Office. In the same province, at the suggestion of the President of the Canadian Nurses Association, a telegram was sent to the Provincial Secretary, urging his support of a measure dealing with hours of duty and working conditions for hospital employees, including nurses, which was then before the Legislature in that Province.

One of the activities planned by the Nursing Education Section of the Canadian Nurses Association was a study of present day problems affecting graduate nurses. It was felt that as the problem of hours of duty is closely tied up with living conditions, they would inevitably be included in this study. The Executive of the Canadian Nurses Association expressed the opinion that in order to fulfil its work the special committee should include the study of hours of duty for the graduate nurse as well as for the students. It was felt that this could be done most effectively by collaboration with the Nursing Education Section. With this end in view the chairman of this National Section has kindly undertaken to contribute to this discussion.

The Nursing Education Section in one province reported the appointment of a special committee to study the conditions under which nurses are working. As foreseen, this includes consideration of hours of nursing service given by graduate nurses. A similar development in other provinces might prove of real value in furthering the objective of this Committee.

In the questionnaire sent out to all provincial representatives, a request was made for suggestions regarding ways in which the National Committee might be of assistance in each province. Among the most practical the following were included:

If the Committee could prove that the institution of the eight-hour day does not materially increase the cost and would lessen illness among nurses, it is felt that this information would be of great value in securing eight-hour day for nurses.

The Committee on Eight-Hour Duty can assist by keeping each provincial representative informed regarding progress made elsewhere in Canada.

Whereas the establishment of the eight-hour day will necessitate addition to personnel in order to provide for service, this Committee recommends that increase be made by adding graduate nurses or ward aides, and not by increasing student staff.

That the Executive of the Canadian Nurses Association be asked to forward a letter to Presidents of Boards of Directors recommending the establishment of the eight-hour day for students in Schools of Nursing.

That the National Committee furnish plans or schedules of service programs used in hospitals where the forty-eight hour week or ninety-six hour fortnight has been established.

As several of these, and of other suggestions received, apparently came from hospitals or individuals, it was the intention to summarize and submit them for

further analysis, and for the approval of provincial associations. However, upon the outbreak of war, members of the sub-committee felt that any movement actively stressing the necessity for shorter hours for nurses might be misunderstood, if prosecuted too vigorously in the face of this great national emergency. Therefore, further activities by the Committee were suspended until instructions were received from the Executive of the Canadian Nurses Association. At the request of the Executive, the Committee continued to function.

Early in this year a second questionnaire was prepared and sent out to representatives in each province. In this, definite information was sought regarding the prevailing hours of duty for the graduate nurse and student; summaries of progress made in each province since the last biennial meeting of the Canadian Nurses Association were also requested.

Replies were received from all provinces, but from these it is difficult to prepare any statement in detail that could be offered as an accurate comparative report. As one representative remarked: "No two hospitals seem to observe the same schedule of hours." The observation was also made by another: "It is difficult to obtain accurate information. Apparently those who are responsible do not care to commit themselves regarding the hours of duty; they are too long." It is also commented upon by several representatives that: "No mention is made of overtime". On the whole, it seems as if the warning that St. Vincent de Paul sounded to nurses over two hundred years ago might well be repeated today.

An analysis of the replies is quite revealing and brings out certain facts which may be briefly commented upon: Hours of duty quoted for graduate nurses vary from eighty-four to forty-two and a half hours per week; those for students from eighty and a half to forty-four. These hours were stated to include class periods, but not meal hours.

From the statements received, it seems obvious that the hours of duty for student nurses are, on the whole, consistently longer than those quoted for the graduate nurse. As in each instance the former included class periods, this fact may not be altogether surprising, but it seems contrary to the general belief.

The longest hours of duty for both the graduate and student nurse are those classified as "night duty". In five out of the nine provinces, one school, or more, claim that the student nurses' hours of duty do not exceed forty-eight per week. In one province alone, the maximum hours of duty were quoted as fifty-four, and the minimum as forty-four for students and forty-two for graduates. In this same province it is stated that in 76.5 percent of the schools, hours of duty for student nurses are fifty or less, and for over 90 percent of the graduate nurses hours are equally favourable. This picture is by far the brightest offered in the Dominion. It is understood that this improvement is the result of the work of several years. However, it is interesting to note that in this province legislation has existed since August, 1938, which regulates wages and hours of all hospital employees, including nurses, with only employees in the hospitals in two of the large cities being exempt. We may well ask how this was accomplished?

Some of the statements included modifying comments such as: "During period of intense study, the longer hours are necessary;" "hours reduced during summer months, or when services are light;" "difficult to give accurate figures when taking class periods into account." In several of the reports it was mentioned that hours of duty for the private duty

nurse had been reduced from twenty-four to twelve. As yet, this Committee has limited the study to hours of duty for graduate nurses employed in hospitals, but we know that the average period of duty for the private nurse has been successfully reduced to eight in several centres, and that this reduction has been in effect for several years.

In answer to a request for information regarding progress made since the last biennial meeting of the Canadian Nurses Association, the following replies were received:

Lectures and classes in some schools are now included in the time off duty.

Relief is now arranged for night nurses.

Night term is shortened.

Arrangements made for one—in some cases two—whole days off per week.

Advance posting of schedule of hours and days off.

Special consideration given to time off on holidays and Sunday for night nurses.

In several reports it was stated that the eight-hour day has been instituted. However, not all of these include information regarding time off. It is known that in some cases an afternoon off duty is not included, so this change constitutes a readjustment rather than a reduction. If taken at its face value, it is misleading.

Some observations confirm the reply summarized by one representative as follows: "I believe that the information of the special Committee has stimulated interest in this important problem". Another representative states: "The reduction in hours for the private duty nurse in this province has taken place since the resolution was passed at the biennial meeting in 1938." Some rather interesting comments include the following: "Staggered hours preferred by graduate nurses"; "reduction in hours, with corresponding reduction in salaries, refused."

At the outset of this study it was apparent that a good deal of education, even conversion, within our own professional ranks is necessary if the objectives outlined for the Committee are to receive wholehearted support. *In theory*, nearly all nurses and hospital administrators are convinced of the need for shorter hours for nurses, although a few still have misgivings about the misuse of leisure time. However, many nurses, while in sympathy, feel that the problem is too vast to be a personal one. It lies outside the sphere of their immediate concern. It belongs to another group, or to that elusive but comforting shelter--"the profession". This was evident when representatives in the different provinces were being chosen. Some nurses who hold responsible positions look back on twelve and fourteen hours of duty in "the good old days". To them, nine or even ten hours sound like progress. How much more so the eight-hour day, even for seven days in the week, and yet seven times eight continues to make fifty-six.

Administrators see the question of hours of duty bound up with accommodation and finance. They are not inclined to urge or even recommend, what is so obviously going to result in another problem—possibly a whole series of them —being left on their doorstep. The close connection between accommodation, increase in personnel, and reduction of hours of duty is reflected in repeated statements that: "with reduction of hours in mind, increased accommodation has been recommended". Living out may be desirable, but it is costly and in many centres it is not feasible.

In presenting this report the Committee on eight-hour Duty for Nurses begs to submit the following recommendations:

That the objectives of this committee as interpreted by the Executive of the Cana-

dian Nurses Association be carefully studied at this meeting.

That further consideration be given to the activities of this committee with a view to determining the extent to which these should be developed during the present crisis.

That recommendations determining policies be endorsed by the Executive Committee of the Provincial Nurses Associations before being forwarded to the National Committee on Eight-hour Duty. Official confirmations will thus be assured.

That whenever possible, provincial committees and representatives on eight-hour duty consider the advisability of working in close co-operation with the provincial sections, as the question of hours of duty is closely related to living accommodation and other conditions with which the Sections are concerned. It is felt that this will avoid overlapping and strengthen the work of the committees, both provincially and nationally.

For the past two years the efforts of this Committee have been directed largely towards organization of personnel, clarification of objectives, and the study of methods of approach. The Committee will welcome recommendations, or suggestions, that will increase its usefulness to provincial organizations, or enable it to function more effectively.

KATHLEEN W. ELLIS,
Convener.

Told by a New "Old International"

BIANCA M. BEYER

Having been a student in the Course for Nurse Administrators and Teachers in Schools of Nursing offered by the Florence Nightingale International Foundation during 1938-39, in retrospect I realize how true it is that if it were possible for the peoples of the world to mingle, to learn of each others struggles, difficulties and achievements, there would be no thought of war to settle differences of opinion, but only desire to understand, to assist if need be, always to respect.

Our year's work began on a rather sombre note, in September 1938, when there was the possibility of war, and ended with the sadness of farewells. But there was the joy of satisfaction in completing what we had set out to do, renewed enthusiasm for the work to which we were returning, the anticipation of meetings with the friends from whom we were parting, and the knowledge that a strong bond of interest and sympathy united us.

Former Canadian students, "Old Internationals" had previously described 15 Manchester Square in articles in *The Canadian Nurse*, so I was prepared for its attractiveness and graciousness of proportion, and for the warmth of the welcome I received from Miss Baggallay and Miss Dorsay. I was shown upstairs to 'the Canada room", and immediately felt at home in my new surroundings, the gold and brown colouring reflecting the glow of the Canadian woods in the Fall. It was not long before all the members of the group arrived. There were twenty-one, representing fifteen countries, including Australia, Canada, China, Denmark,

Finland, Great Britain, India, Latvia, the Netherlands, Norway, Poland, South Africa, Sweden, Turkey, and the United States of America. My first mistake was to greet my next door neighbour, on whose door "France" was printed, by asking her from which part of France she came, only to receive the answer, in a perfect Oxford accent, that her home was in England. Very soon, each member knew the other by name instead of by country, then first names took the place of surnames, and we settled down to become a happy family.

Preparatory to the course at Bedford College and the Royal College of Nursing, we were privileged to spend a preliminary period of observation in different London hospitals. The nurses in these hospitals are proud to play a part in perpetuating the great traditions of the nursing profession, and I can speak in the highest terms of their devotion to duty. The patient is always their first consideration. Such a spirit one can but admire, envy, and strive to imitate. In all English hospitals we were received kindly and accorded the greatest hospitality.

This instructive period of observation was brought to an abrupt close by reports of Hitler's activities in Czecho-Slovakia, as the hospitals began to prepare for a national emergency and the nurses for service, in a civil or military capacity. It was a frightening and never-to-be-forgotten experience to have been in London when war clouds were hovering over the country, and preparations were being made for the contingency. I wish I could describe the immense feeling of relief which followed the announcement of the result of Mr. Chamberlain's conference with Hitler. As far as our group was concerned, the Swedish student aptly expressed our reaction when, at "Certificate Giving", she said that "it takes the darkest clouds to make one realize the brilliance of the sunshine". So it was that adversity drew us more closely together and caused us to begin our lectures with a sincere feeling of thankfulness.

During these weeks in August and September, we had been welcomed not only in hospitals, but by England and the English people whom we met. To me, a London house expresses the feeling of the average English person, being rather austere outside, but full of charm and an atmosphere of comfort and serenity inside. The English individual is much like his home, inclined to be reserved until one gets "inside" where there is cordiality and friendship. Our visits during this period included health centres, institutions, and nursing organizations. We took the opportunity to become acquainted with London, its many places of historical and cultural interest, and its lovely parks. We discovered the charm of the English countryside, and even rain could not spoil our pleasure during the week-ends when we explored such beautiful places as Richmond Park, Epping Forest, Hampton Court, and Kew Gardens.

The non-English speaking students became more proficient in the language which was new to them, and those of us who spoke English learned to appreciate to a greater extent, its limitations, difficulties, and possibilities. In the evenings we frequently had guests who were well-known in the nursing, medical, and educational worlds, and who shared their knowledge with us as we sat around the cheerful fire in the drawing room. Then too, there were many lively and informative discussions amongst ourselves, when we learned about habits and conditions in other countries than our own. Such discussions were enthusiastically guided by

Miss Bridges as tutor, who, throughout the year, guided us capably and well.

Our social activities, too, were varied, and I cannot omit from this account the highlight of the year for me — my meeting with the Queen. Many of you saw King George and Queen Elizabeth during their visit to Canada, so I need not try to describe how lovely the Queen is in appearance, but her expression of interest and graciousness of manner add immeasurably to her charm, and these we were privileged to witness at the gathering in London where she was the guest of honour. The occasion was a tea given by Lady Frances Ryder and Miss Macdonald of the Isles at Seaford House, Belgrave Square. The tea was given for students from the Dominions, its object to promote friendship in the Empire. Nearly 500 students were present and as Queen Elizabeth passed from room to room, talking to many as she passed, and displaying a keen interest in the reasons for sojourns in England. It was a thrilling event to be presented to her and to have the opportunity to so closely observe her charm.

Following the Christmas holidays, an American student and myself paid a visit to Mademoiselle Mechelynck's nursing school in Brussels. Mademoiselle Mechelynck has a dual responsibility as she is both the superintendent of nurses in the hospital and the director of the nursing school which is independent of the hospital, but at which the students receive their practical training. The Department of Health and the University are both responsible for the content of the course of training for student nurses, and the basic course includes training in public health as well as in the nursing of the sick. The students enjoy the block system of training, and correlation between theory and practice is carried out by departmental supervisors. From Brussels, we travelled to Switzerland, an enchanting fairyland with mountains, pines, blue sky, deep, clean snow, and brilliant sunshine. The awe-inspiring beauty, peaceful surroundings, and invigorating air spurred us on to a fresh effort when we returned to London in the new year.

The last days of March were busy ones, getting visas and making arrangements for a five-week Easter trip to Germany, Poland, Latvia, Finland, Sweden, and Denmark. In all these countries we were entertained professionally and socially by "Old Internationals". Certainly we learned what it meant to be an "Old International", and we hope that we will be able to live up to the example set us in these European countries, in friendliness, consideration, and good fellowship with our colleagues in the nursing world. Differences in language and customs were never a barrier. Rather, we were made to feel that we were all fellow human-beings with interests and sympathies in common.

On the day we left England for the Continent, the French President, Monsieur LeBrun and Madame LeBrun were arriving at Victoria Station to pay a visit to the King and Queen, and the station was gaily decorated for their arrival, but in our opinion it was decorated to add interest to our departure. So, an English, an American, and a Canadian student set forth happily for Kaiserswerth in Germany, the Motherhouse and centre of one of the largest and first of Protestant Deaconess Orders At this peaceful spot on the Rhine, we learned again of Pastor Fliedner's work and of its influence on Florence Nightingale. From a small church and parsonage, and a garden house which housed the first patient, has developed a community of 2,000 inhabitants, with numerous buildings including schools, hospitals, training

colleges, kindergarten, detention homes, homes for students and nurses, homes for the feeble and aged, workshops, a book shop, an administrative block, and a church. The buildings stand amid orchards and gardens, and the institution has its own farm.

I have never seen, anywhere, Sisters who looked as peaceful and serene as those at Kaiserswerth. They lead simple but happy lives, and when their period of usefulness is over they enjoy their remaining days in the same surroundings, i nthe "Feierabendhaus", the Home of Evening Rest, and when the evening becomes night for them, they are moved to the beautifully kept cemetery within the grounds. A remark made by one of the Deaconesses impressed itself upon my mind, because it reflected the simplicity and satisfaction of her faith. I had observed that the Sisters looked very happy; the reply was, "Why shouldn't we? We know from whence we come and where we are going". That knowledge, coupled with the assurance that necessities in health, sickness, and old age are the care of the Order, inspires each Sister to a threefold service—"Towards God, towards those who need her help, and towards her fellow-workers".

From Kaiserswerth we travelled on to Berlin. Here we had an opportunity to visit the offices of the Deutsches Frauenwerk", the German Women's Work. This work, combining all women's organizations, is marvellously organized throughout Germany, and the manner of administration drew forth our admiration. We also visited Red Cross Headquarters, hospitals, and the Werner Schule, the school for post-graduate study in hospital and training school administration, for refresher courses, and for one year pre-nursing courses. Before admission to a nursing school, the student is required to have had one year's household work in a home or hospital. The period of training is one and one-half years with an additional year of practical work in a hospital.

To Warsaw, in Poland, we paid our next visit and here we found a most progressive school, the Warsaw School of Nursing. In the hospital where students from the School receive practical training, I was surprised and pleased to be greeted by the Supervisor who had just returned to Poland, having completed a post-graduate course at the University of Toronto School of Nursing. We decided that the world was a small place after all. At present there are eight schools in Poland, financially independent of hospitals, established on a tuition basis. The student nurses receive theoretical and practical instruction in the schools, practical experience in hospitals and health centres under the guidance of instructors assigned by the schools, and so are prepared for both types of work. The nine Health Centres in Warsaw we found to be of particular interest, and all have developed since 1925. Each centre has, in one building and under one direction, all activities in the field of public health, including the official health administration of the district. It is also the dispensary, giving medical advice and treatment, and includes the work of the visiting nurses in its activities. Warsaw consists of an old and a new part, and is a city of marked contrasts between medieval and modern. In it are many monuments of Poland's past glories, and an intense awakening of national spirit promises future ones.

Then we went on to Latvia, a modern Baltic State much of it having been rebuilt since 1918. In the medical field, emphasis is placed on the maintenance of health, rather than on the treatment of disease, and the organi-

zation and management of the health centres throughout the country is of particular interest. There are approximately 100 of these, similar in outlay, equipment, methods and records, and the model centre situated in Riga is indeed a model, complete even to a garage for baby carriages. A resident nurse is in charge of each centre, her work inspected regularly by a supervisor from the central office in Riga. The health centres are operated by the Red Cross in co-operation with the Ministry and the municipality. The Red Cross also conducts training schools for nurses, the program including public health as a fundamental part of the basic training, the students receiving practical training in bedside nursing and experience in the health centres. The training school in Riga was beautifully furnished and admirably equipped. The School, the model health centres, and the Red Cross Hospital were situated close together.

Nowhere were we received with more kindness and hospitality than in Riga, and every moment of our stay there, from a very early morning arrival to an equally late departure six days later, was thoroughly enjoyable. We felt highly honoured to be guests at the American Embassy for a delightful luncheon, at the British Embassy for just as delightful an afternoon tea, and at the Opera as guests of the Lord Mayor. Particularly impressive was our program on Good Friday, when, early in the morning we heard a beautiful rendition of Verdi's Requiem in the lovely Cathedral, and later paid a visit of respect to the Cemetery of the Brethren, Latvia's national shrine, where the heroes who shed their blood in the battles of the War of Independence lie buried. The cemetery is a magnificent and most imposing monument symbolical of sorrow, pride, gratitude, and an inflexible determination of the people to maintain the freedom which cost so high a price.

From Latvia our travels took us by train to Tallinn in Estonia, then by boat across the calm Baltic Sea to Helsinki, Finland. The sun was brilliant and warm, but the boat had to find a path through large blocks of ice as it neared the harbour. Again, I cannot adequately describe the gracious and kindly hospitality shown to us—hospitality which included the unique experience of having a steam bath or "sauna", a national habit because of its health-giving effects. Certainly one feels exhilarated after being subjected to extremes of temperautre, to scrubbing, and massaging. It is, as well, a novel form of entertainment. Over the Easter week-end we had the opportunity of seeing some of the country of Finland which is beautiful with many island-studded lakes, hills, and forests. Finland is akin to the rest of Scandinavia, but retains its own customs and interest. A visitor is attracted by the feeling of freshness and optimism which is prevalent, and also by the keen spirit of progress which is demonstrated in every field of activity. The nursing profession, one example, has developed along very modern lines.

By train and boat we travelled from Finland to Sweden, another country with old traditions, myriad attractions and charm. Stockholm has been described by travellers as the most beautiful capital in the world, and with this description I entirely agree. The city is built on a series of islands and is called "the Venice of the North". The picturesque old part, with its narrow winding streets, weaves a spell of enchantment, and in marked contrast is the new part characterized by buildings of modern architecture typifying the progressive spirit of a prosperous and cultured people.

Nursing in Sweden is as impressive as the country and the spirit of service

is demonstrated here more than in any other. The nurses are dedicated to their profession and wear outdoor uniform as well as uniform when they are on duty to symbolize this. The period of training is three and a half years, the last year being used for specialization in public health, psychiatry, X-ray or laboratory work, public health training not being included in the basic course. The block system of instruction is in operation here, as it is in many European countries. Of particular interest is the trial period from two to three months for applicants to nursing schools, before their acceptance and admission to the regular preliminary period of two months. The applicant is placed in a hospital where the head nurse demonstrates elementary nursing procedures and supervises the student's practice of them. This allows her to judge the applicant's ability and suitability, and also allows the applicant to decide whether or not she would like to enter the nursing profession and dedicate herself to a life of service.

I cannot refrain from mentioning a courtesy which was shown to us in a nursing school in Stockholm, because it impessed us so greatly. We were observing a class in practical nursing demonstrations, and because three English-speaking guests were present, the entire hour's instruction was given in English for our benefit. I wonder how many of us could extend such courtesy to our foreign visitors? And yet, this act expresses the Swedish nurses' idea of hospitality. From our most enjoyable visit in Sweden we travelled to Denmark, a wonderfully picturesque little country, less mountainous and more pastoral than its northern neighbours. Copenhagen, the Danish capital, is bright and lively, but with an air of dignity created by its imposing buildings and notably by its four Royal palaces. Democracy and friendliness are the key notes here and a traveller is readily accepted into the circle of friendship. Nursing, too, has developed along practical and democratic lines reflecting the feeling of the people, practical home-making experience being demanded of an applicant before entrance to a nursing course. Most of the hospitals are owned by the State or by the Municipality, and have a cheerful home-like atmosphere. Nurses employed by them are entitled to a pension. Social provisions for all classes of the people are efficiently planned in Denmark and are highly developed. Again we admired, and when our interesting and profitable visit drew to a close we returned once more to London and to Manchester Square, to begin our final term of lectures.

It was Spring in England, a spring with more flowers than I had ever seen, and with parks scintillating with life. Some of our classes were held on the lawns of the College in the midst of all this loveliness in Regent's Park, where Bedford College is situated. Our days now were even busier than before, filled with more lectures, more visits of observation, and still more gracious hospitality. But we found time to join the crowds of people along the Mall who were lined up to wish Their Majesties a safe trip to Canada, and again to join an even more enthusiastic crowd to welcome the King and Queen home, after their successful tour. So the summer season came, and with it the last day of term, the "Certificate Giving", and the final social festivity of the Old Internationals' Dinner. On both these occasions the Directors of the International Council of Nurses, who were attending meetings in London, were the honoured guests. It was a great pleasure for me to have Miss Fairley, President of the Canadian Nurses Association, present.

Now, it has all gone too soon, and I am back in Canada on duty, but with a wealth of pleasant memories, a wider perspective, and a greater understanding of professional problems. I wish it were possible for every member of the Canadian Nurses Association to have a year's course of study at Bedford College and the Royal College of Nursing, and to have the pleasure of living in the international atmosphere of Manchester Square. It was an unique and profitable experience, one which not only establishes personal contacts between various nationalities, contacts which result in international friendships, but one which also serves to actively stimulate nursing education and to further the profession as a whole.

Editor's Note:

In the August issue of the *Journal*, reference was made to the deep impression made at the Biennial Meeting by Miss Beyer's vivid story. It was given added poignancy by the beautiful moving picture, prepared by Miss Claribel McCorquodale, also an "Old International". Miss Beyer prepared this address in September, 1939, but it reads as though it had been written in another and a happier world.

REPORT OF THE CANADIAN FLORENCE NIGHTINGALE MEMORIAL COMMITTEE

The personnel of the Committee, which is comprised of representatives from the Canadian Red Cross Society and the Canadian Nurses Association, is as follows: Mrs. H. P. Plumptre, Toronto; Mrs. D. J. Thom, Regina; Miss Jean Gunn, Toronto, representing the Canadian Red Cross Society; Miss Elizabeth Smellie; Miss Grace Fairley, President, Canadian Nurses Association; Miss R. M. Simpson, (chairman); Miss Jean S. Wilson, (secretary), representing the Canadian Nurses Association.

This Committee has functioned since 1935 as a member of the Florence Nightingale International Foundation, which has carried the organisation of and the responsibility for the Memorial to the Founder of modern nursing, which in the form of post-graduate work for nurses has been established in London, England, with International House, at 15 Manchester Square, as the residence for nurses attending from many different countries.

It is unnecessary to state that the tragic situation developed in Europe in September 1939 has disrupted, for the time, the work of the International Foundation.

Prior to that date the fourth ordinary general meeting of the Foundation had been held in London with delegates attending from nineteen of the twenty-two countries with Committees organized for the Memorial. The President of the Canadian Nurses Association, Miss Grace Fairley, together with the first vice-president, Miss Elizabeth Smellie, who were in London at the time consented to represent this Committee. From their report of the meeting the following is quoted:

Dame Alicia Lloyd-Still, President of the Foundation since its inauguration in 1934, was in the chair. Sir Arthur Stanley, honorary treasurer, presented the financial report which showed a deficit for the two years 1937-39 of over £500. He was greatly heartened when the President of the International Council of Nurses handed him the cheque for £1,000 which had been voted the previous week at the meeting of the Board of Directors of the International Council of Nurses, and the American Nurses Association presented a cheque for $10,000. (£2,136). The South African Trained Nurses Association also had forwarded £2,000. South Africa and New Zealand both reported having met their quota. The report of the truly original and valiant way in which some of the countries were endeavouring to raise their allotment was received with keen interest. France and Finland were giving the proceeds of the showing of "White Angel"—this with marked success.

The question of staff was discussed, it being the feeling of some that four highly qualified members was disproportionate to the number of students enrolled. The majority of those present expressed the view that at this stage in the development of International Courses, it was essential to keep the staff at the present high quality and strength, and that these staff members should assist the Foundation by contact, whenever possible, with the various national committees. A definite sum (£150. annually) was set aside for propaganda purposes.

Reports were presented by the Committee of Management, Bedford College and The Royal College of Nursing, which showed that definite progress had been made. The programme for the ensuing two-year period showed a development and maturity which gave greater confidence to the national representatives. Many of the delegates were "Old International", who offered suggestions, and these, along with the recommendations contained in the various national reports, were referred to the Committee of Management for study and consideration.

The Grand Council expressed its willingness to co-operate with the Committee on Education of the International Council of Nurses in the study which has been undertaken with regard to post-graduate courses in the different countries.

The delegates attended the presentation of certificates to the 1938-39 students at Bedford College, among whom was Miss Bianca Beyer, the Scholarship student of the Canadian Nurses Association. Miss B. J. Alexander was elected President.

As we read this report of the representatives of our Committee concerning the splendid and enthusiastic meeting of the Foundation, it seems impossible to believe the havoc that has been wrought since that date in many of the countries which participated in it. In September, 1939, a number of students had already arrived in London for the courses, among them being Miss Mary Henderson, of Vancouver, the Canadian Nurses Association Scholarship Student for the year 1939-40, and Miss Laura Lambe, an independent student from Toronto. With the outbreak of hostilities, the Board of Management of the Foundation immediately discontinued its work, indefinitely suspended the courses and with all dispatch proceeded with arrangements for the return of the students to their own countries. International House was closed and offered for rental after all its furnishings had been warehoused. Documents, files and valuables were placed in a strong box and safely stored. A skeleton Committee, with Mrs. Maynard Carter as chairman and Miss Olive Baggallay as secretary, was appointed to act for the Committee of Management for the duration of the war and until such time as the courses might be resumed. The latest information available states that Miss Baggallay is in Finland assisting with reconstruction there, while Miss Daisy

Bridges has received an appointment as Matron of a Military Unit.

Miss Mary Henderson returned to Canada and following special arrangements with the Scholarship Committee of the Canadian Nurses Association, has spent the year in work specially arranged for her at the School of Nursing, University of Toronto, which she appreciated deeply. Observation work in certain American cities, also arranged through the School of Nursing, completed the year. Miss Laura Lambe, after some delay, also returned to Canada.

The future of the Florence Nightingale International Foundation cannot be foreseen, but it can be stated with assurance that when it is resumed, as it most surely will be, the support of the Canadian Committee will not be lacking. There will be much re-organization, much work to be re-done and many difficulties and obstacles to be met. The courage and the spirit which will be needed, are ready and waiting for the task.

RUBY M. SIMPSON,
Chairman.

REPORT OF THE SCHOLARSHIP AWARD COMMITTEE

The personnel of this Committee, appointed at the General Meeting in 1938, is as follows: Rev. Sister Mary Peter, St. Martha's Hospital, Antigonish; Miss Agnes Macleod, School of Nursing, University of Alberta; Miss K. I. Sanderson, convener of the Florence Nightingale Memorial Committee of the Canadian Nurses Association; the President of the Canadian Nurses Association (ex officio) and Marion Lindeburgh, convener.

An announcement regarding the scholarship for 1939 appeared in *The Canadian Nurse*, in October, November, and December of 1938. Only three applications were received, in contrast with eight the previous year. The Committee felt that something should be done in this connection in the way of publicity through provincial associations or alumnae associations, to stimulate interest in this opportunity for professional advancement. From the three applications received, an unanimous decision was made in favour of Miss Mary E. Henderson, of Vancouver. As we are aware, Miss Henderson was obliged to return to Canada as a result of the outbreak of war. She enrolled in the School of Nursing, University of Toronto, to undertake a year of post-graduate study there.

Owing to the fact that the Committee of Management of the Florence Nightingale International Foundation found it necessary in September 1939 to discontinue the International Course temporarily, the Scholarship Award Committee recommended to the Executive Committee of the Canadian Nurses Association that the announcement prepared for the October issue of *The Canadian Nurse* be withdrawn, and that no international scholarship should be offered by the Canadian Nurses Association in 1940. This recommendation was approved.

The Scholarship Award Committee received the following resolution from the Executive Committee of the Canadian Nurses Association last December: "This might be an opportune time to sponsor scholarships for post-graduate

study within the Dominion, in place of the Nightingale Memorial Scholarship, until such time as the latter may be resumed". In response, the Scholarship Committee recommended to the Executive Committee that every effort should be made to stimulate interest in further professional study either through a plan of inter-provincial exchange, periods of observation, or post-graduate courses The Scholarship Committee suggested that nurses who are keenly interested in securing such study should be helped by the granting of financial assistance in the nature of bursaries, to meet individual needs, rather than through scholarship awards which would imply competition and demand set standards of qualification. The Committee felt that by granting bursaries instead of scholarships, worthy nurses who might not be eligible for scholarships could receive assistance. Following this communication, the Scholarship Award Committee was notified that a joint meeting of the Exchange of Nurses Committee, the Florence Nightingale Memorial Committee, and the Scholarship Award Committee would be held in Calgary on June 24 to discuss matters of related responsibilities of these committees. The report of this meeting will be presented at a later time.

MARION LINDEBURGH
Convener.

REPORT OF THE FLORENCE NIGHTINGALE MEMORIAL COMMITTEE OF THE C. N. A.

So that the objects of the Florence Nightingale International Foundation may be fresh in our memories, I quote: "To establish and maintain a permanent International Memorial to Florence Nightingale, in the form of an endowed Trust for post-graduate nursing education, and the maintenance and development of facilities for post-graduate education for selected nurses from all countries."

There are approximately twenty other countries contributing proportionately, as we in Canada are. At Halifax, two years ago, we gave promise to support the Florence Nightingale Memorial Scholarship and Endowment Fund for four more years. We are but half-way through that period and a very different picture presents itself today. Our obligation, however, continues.

At the December meeting of your Executive, very thoughtful discussion took place regarding the immediate future of the Fund, which resulted in this resolution being adopted and copies being promptly forwarded to the provincial conveners. The resolution reads as follows:

That in order to keep alive among the nurses of Canada the objects of this Foundation, contributions be solicited as usual for the Endowment Fund of the Florence Nightingale Memorial Fund until such time as the obligations as undertaken in 1938 are fulfilled.

Demands upon us individually, which collectively means upon our various groups—to loosen our purse strings, have multiplied a hundred-fold since the outbreak of war. It is with a renewed feeling of pride in our Association that I am able to say that you have not allowed the reverberations of war to divert your interest to any appreciable extent from

this international undertaking. Whether it be loyalty or pride, or promptings of interest in helping the other fellow, we are slowly reaching our goal.

Whilst no one can foretell what the future plans for the Foundation will be, we do know this, that every dollar contributed now during the war period, will lessen our financial responsibility when that future has arrived. 1940 completes the eighth year in which the Foundation has been functioning, and the sixth year for collecting funds. In that time, Canada, through your efforts has contributed the amount of $16,250. ($7,500 to the Endowment, and $8,750 to scholarships). Of the total amount, $4040 has been contributed during the biennium, 1938-1940. Our up-to-the-minute *Journal* keeps you informed of amounts forwarded from month to month by provincial groups, so reiteration here would be wearisome.

While it is not in my province to mention students who have gone from Canada, I must refer to this year's successful candidate, whose experience in Britain was so soon terminated. The amount of the scholarship, $1250 was, of course, transferred to London in readiness for Miss Henderson. An unfavourable rate of exchange made it inadvisable to return the money to Canada so the Foundation placed it to the credit of the Canadian Nurses Association in London, and we were happy to be able to replace the amount to enable Miss Henderson to pursue her studies at a Canadian university.

The provincial conveners include:
Alberta, Miss Kathleen Stackhouse (successor to Miss Gertrude Allyn).
British Columbia, Mrs. H. J. C. Walker.
Manitoba, Miss Isobel McDiarmid.
New Brunswick, Miss Edna Dickson.
Nova Scotia, Miss Muriel Graham.
Ontario, Miss Sadie Williams (successor to Miss Agnes Neill).
Prince Edward Island, Miss M. King.
Quebec, Miss Norena S. Mackenzie.
Saskatchewan, Miss Ruby M. Simpson.

Our hearty thanks, and sincere appreciation for your help!

KATHLEEN I. SANDERSON,
Convener.

REPORT OF THE NATIONAL JOINT COMMITTEE ON ENROLMENT OF NURSES

The National Joint Committee on Enrolment of Nurses for Emergency Service is composed of the following representatives — three from the Canadian Red Cross Society: Mrs. H. P. Plumptre (chairman), Miss Jean Browne, Dr J. T. Phair, and three from the Canadian Nurses Association: Miss E. Howey, Miss I. Weirs, and Miss I. McEwen. Four meetings of this Committee have been held during the year.

Following the meeting of September 7, a telegram was sent to each Provincial Joint Committee, requesting information regarding the mobilization of military hospital units, and also information as to whether the military districts were in receipt of the lists of enrolled nurses, available for this service. This information was obtained by September 9, 1939.

At the meeting of the National Joint Committee held on September 29, Miss

Jean Gunn was asked to sit in and to bring a report to the Committee of the conference which she (as a substitute for Mrs. Plumptre, chairman of the National Joint Enrolment Committee), and Miss Smellie, first vice-president of the Canadian Nurses Association, had with the Director General of Medical Services. Miss Gunn reported that Colonel Potter (then D.G.M.S.) had not given them any assurance that these lists would be used, but stated that he had no objection to the District Medical Officers using these lists, and that he would write these officers, stating the object of the enrolment and making the lists available to all military districts. Colonel Potter claimed that he could not give a definite answer since the declaration of war, as to what extent these lists would be used without the authorization of the Minister of National Defence. On the request of this Committee, the chairman wrote directly to the Minister of National Defence, asking for a clarification of the situation, and also wrote to Dr. E. H. Coleman, Under Secretary of State, who is in charge of the Voluntary Service Bureau to inform him of the work of the National Joint Enrolment Committee.

On March 1, when the Committee next met, Miss Jean Wilson, Executive Secretary of the Canadian Nurses Association, who was in the city, was present on the invitation of the chairman. During the discussion which took place at this meeting, it was brought to the attention of the Committee, by Miss Wilson, that the army regulations had been amended, making registration of nurses compulsory for all those engaged by the Royal Canadian Army Medical Corps. A copy of these regulations has been procured since from the Department of National Defence. It was reported also that the Minister of National Defence and the Under Secretary of State had acknowledged receiving the information regarding the lists of nurses available for service, and that these would be in the offices of the District Medical Officers when needed. Each Provincial Joint Committee has been contacted and asked to send in to the National Office their latest complete list of enrolled nurses, in order that the Department of National Defence will have them available for service when needed.

Up to the date of this report, approximately 150 enrolled nurses have been called up for active service in the following military hospitals:

No. 15, General Hospital, Toronto 80 nurses.

No. 5, General Hospital, Winnipeg, 50 nurses.

Neurological Unit, 20 nurses.

The following table shows that the quota of nurses, which was set up as an objective in this enrolment plan, has been exceeded by over 1,000 names; and that six of the Provincial Divisions have exceeded their quota.

Province	*Quota*	*1938*	*1940*
British Columbia	525	262	546
Alberta	170	121	215
Saskatchewan	270	164	256
Manitoba	110	96	358
Ontario	725	448	1,296
Quebec	840	500	802
New Brunswick	125	86	118
Nova Scotia	175	106	242
Prince Edward Island	60	64	86
Out of Canada			161
	3,000	1,847	4,080

At the meeting of the Committee held on April 12, the following recommendation was made: "That this Committee, having fulfilled its objective of providing a list of 3,000 enrolled nurses,

available for emergency and war service, and having exceeded its quota of enrolment by over 30%; and having the assurance of the Minister of National Defence that these lists will be used in mobilizing the nursing personnel of military hospitals, now respectfully requests its two constituent bodies to decide as to whether it should now be disbanded."

F. I. McEwen
Secretary.

REPORT OF THE COMMITTEE ON HISTORY OF NURSING IN CANADA

In October 1938, the Executive Committee of the Canadian Nurses Association appointed a committee of three to study the question of a History of Nursing in Canada, and named Miss Jean Browne, Miss Jean Wilson, and the convener to act, with power to add to their number. A preliminary study made by the Committee revealed the inadequacy of available data relating to the development of nursing in Canada. As a first step, therefore, it was recommended that systematic assembling of available data should be undertaken, and that an intensive and extensive search for further historical material should be promoted. In this connection, historical material was interpreted to include information and pictures regarding early hospitals, schools of nursing, pioneer public health nursing, and biographies of nursing leaders.

It was the opinion of the Committee that such work could best be done on a provincial basis, with the understanding that if and when a history is to be written such material shall be put at the disposal of the Canadian Nurses Association. With this object in view, the Provincial Associations of Registered Nurses were approached and sub-committees were appointed in all provinces to undertake this task. The conveners of provincial committees were added to the national Committee, those appointed being Miss Kate S. Brighty, Alberta; Miss Mabel F. Gray, British Columbia; Miss Edith McDowell, Manitoba; Miss A. A. Burns, New Brunswick; Miss M. Haliburton, Nova Scotia; Miss E. L. Clarke, Ontario; Miss Margaret Campbell, Prince Edward Island; Miss Martha Batson, Quebec; and Miss May Reid, Saskatchewan. A letter of suggestions was sent to each provincial committee, as a guide in initiating the work. Considerable progress has been made in the Provinces of Ontario, Alberta and British Columbia, while the remaining Provinces have made a beginning.

To stimulate further effort, our President, who attended the interim meeting of the Executive Committee of the International Council of Nurses in London last summer, brought back the recommendation that each member-country proceed with its own national history. It is the hope of the Committee that at the end of the next two-year period sufficient material will be forth coming to justify a recommendation that the writing of a History of Nursing in Canada be authorized. The help of every nurse in Canada is needed if the result is to be worthy of the

women who have built the nursing tradition in this country.

In the opinion of the National Committee, it is desirable that the preliminary phase of assembling and collecting historical material should be continued. It is recommended that this work be extended for the next two-year period. The Committee further recommends for consideration a proposal that when provincial committees reach the stage where clerical assistance is necessary in order to proceed with the work, financial assistance not to exceed fifty dollars per province may be granted by the Canadian Nurses Association on the recommendation of the convener of the National Committee on History of Nursing.

MARY S. MATHEWSON,
Convener.

REPORT OF THE PUBLICATIONS COMMITTEE

The business of this Committee has been entirely covered by correspondence with the exception of a brief conference with the other members following the 1938 convention.

The Report of the editor and business manager speaks for itself. It is indeed gratifying to note that notwithstanding the increase in size, the change in cover, and the additional cost of production of the *Journal*, there is a steadily increasing bank balance. This is due entirely to the vigilance of the editor.

In her report, the editor refers to the excellent work of several of the Provincial Canadian Nurse Committees with a consequent increase in subscriptions. This is true and is encouraging, but it is regrettable that even with these additional subscribers there are only 20.32 per cent of the members who are taking the *Journal*, or should one say there are 79.68 percent, who are not subscribing and are, therefore, not availing themselves of the professional information that the *Journal* alone can provide. If this 79.68 per cent would support their Association by subscribing and contributing articles of professional interest to *The Canadian Nurse*, the editor's responsibilities would be lighter and her duties definitely brighter.

The outstanding changes since the last convention are those decided on at the Halifax meeting, namely, better office accommodation for the editor and staff (you may remember that the office at that time was very small and inadequate). The other is the size and cover of the magazine already referred to.

One matter of policy has been referred to the full Executive. A request to insert an advertisement from a commercial registry was received and discussed at the Executive meeting in June, 1939. The following decision was made:

That no commercial registry be allowed to advertise in *The Canadian Nurse* until the Publications Committee has formulated a definite policy in regard to this matter and has reported to the full Executive at the General Meeting 1940 of the Canadian Nurses Association.

This has been presented to the full Executive on June 24 with the following recommendation:

In order that the *Journal* may be safeguarded from advertising by Commercial Registries, therefore it is recommended that all applications from registries for advertising space in the *Journal* shall be referred by the editor to the Publications Committee.

Conditions have changed so rapidly and frequently since the last meeing that it has been necessary to send announcements often at the last minute and necessitating speedy adjustment in set-up, but this unavoidable disregard for "dead line" has been cordially accepted by the editor. I would like to take this opportunity of thanking the editor and her staff for their loyal support to the Association during two very difficult years.

I would like to suggest that we follow the precedent of publishing a convention number as was done following the 1938 convention. The additional cost is approximately $350. but its value cannot be estimated.

The members of the Publications Committee are Miss Jean Gunn, O.B.E.; Miss Ruby Simpson, O.B.E., and Miss Fairley.

GRACE M. FAIRLEY,
Convener.

REPORT OF THE EDITOR OF THE CANADIAN NURSE

At the biennial meeting of the Canadian Nurses Association, held in July, 1938, a resolution was adopted which embodied the following guiding policies: (1) that, at the discretion of the editor, the *Journal* should be enlarged; (2) that the editor should be given sufficient assistance to enable her to devote more time to editorial work; (3) that suitable office accommodation should be secured. In accordance with these policies, the following action has been taken: (1) the *Journal* has been increased from 56 to 64 pages in regular issues. In order to provide space for the publicity concerning the biennial meeting of the Canadian Nurses Association, the last three issues have been further increased to 68 pages; (2) a clerical assistant has been added to the staff, thus making it possible for the editor's secretary to undertake the detailed work involved in the preparation of advertising material; (3) simple but adequate office accommodation has been secured, and the work of the *Journal* is now carried on under conditions which ensure the comfort and convenience of the staff.

All these measures, while beneficial in themselves, nevertheless involve added expense. Fortunately there has been a corresponding rise in the revenue obtained from subscriptions and advertising and it has therefore been possible for the *Journal* to meet the mounting cost of production out of its own earnings. The fact that the *Journal* was able to ensure the renewal of existing advertising contracts, as well as to obtain some new ones, may be attributed to the steady rise in circulation, the enlargement of the *Journal*, and the use of a two-colour cover.

At the last biennial meeting of the Canadian Nurses Association it was necessary to report that during the previous two years, circulation had decreased by 20 per cent. All the ground lost has been regained and the trend is

still upward. The present total circulation in Canada and other countries is 3669. The net gain in circulation in Canada is 907 or 34 per cent.

This substantial increase has been chiefly brought about by two factors: (1) the excellent work done by various groups and individuals under the auspices of the Provincial Associations of Registered Nurses; (2) the enlargement of the *Journal*, and the improvement in its content. Since these factors are related to one another, they may be considered at the same time. Remarkable progress has been made by some of the Provinces in the organization, on a permanent basis, of Provincial Canadian Nurse Committees. The Provincial Associations are free to set up these committees and to direct their work in the manner best suited to local conditions and, where the plan is firmly established, the following encouraging results have been obtained:

1. Direct communication is maintained between the Provincial Association and the *Journal*, by means of an alert and informed group of nurses who are actively interested in the magazine.

2. Each Provincial Committee is in itself the nucleus for a continuing campaign for circulation. Because it is made up of representatives from many groups, it is in a position to distribute information and to enlist support without waste of time or duplication of effort.

The Registered Nurses Association of British Columbia has signified its intention of subscribing for one hundred copies of the *Journal* to be distributed monthly to nurses working in the outlying parts of the Province. This excellent plan will begin in September 1940, thus making it possible for these nurses to receive the special convention number.

3 In some Provinces, the Committees have undertaken the co-ordination of publicity in the *Journal* concerning all local activities. In Ontario, good results have already been obtained and elsewhere this plan is being adopted to good advantage.

4. By means of contacts afforded by working with these committees, the editor has been able to obtain excellent original articles, written expressly for the *Journal* by some of the younger nurses.

5. In order to promote circulation within their respective Provinces, the committees have prepared exhibits, similar to those displayed at this meeting. In so doing, they have learned at first hand something about the financial problems which any self-supporting journal must face. They have also discovered that the *Journal* is worth reading and have devized ways and means whereby they may demonstrate its usefulness.

If circulation is to be maintained and increased, the Provincial Committees should be encouraged and strengthened in every possible way. Although the personnel changes, they are nevertheless permanent in character, and those who have served on them remain friends of the *Journal*. Each convener seems to hand on to her successor something of her own experience and enthusiasm. In a geographical sense, the nine Provincial Associations are widely separated, and even within the boundaries of a single Province, the various centres are distant from one another. Fortunately, the experience of the past two years shows that the Provincial Canadian Nurse Committees are capable of bridging the gap.

The Auditor's Report for 1938 and 1939 is presented herewith and may be inspected by any member of the

Canadian Nurses Association. Its principal findings are that in 1939, the *Journal* made a cash profit and that the deficiency account has been completely wiped out and transformed into a small surplus. During the first four months of 1940 (necessarily not included in the Auditor's Report) further progress has been made, and at the time of writing there is a reserve fund which is equal in amount to the total grants made by the Canadian Nurses Association during the years 1933, 1934, and 1935, when the *Journal* failed to pay its own way. It may therefore justly be claimed that for the first time in eight years, the Journal is "out of the red".

How long this happy state of affairs will continue is open to question. Any business which depends upon revenue from advertising is in a precarious condition in times like these. In 1938 and in 1939, the *Journal* derived more revenue from advertising than from subscriptions, and a sharp decline would therefore have serious results. It might be possible to offset the loss to a limited extent if earnings from circulation were to be materially increased, but a rising circulation brings about a corresponding increase in the cost of production.

It must not be forgotten that *The Canadian Nurse*, like all other magazines which derive revenue from advertising, is thereby enabled to offer to the subscriber a journal which actually costs far more than she pays for it. The deficit is made up out of the earnings from advertising. It is apparent, therefore, that if revenue from advertising fails, that the *Journal* cannot continue to be self-supporting unless expenditure is correspondingly reduced. So far, this contingency has not arisen, but the fact remains that it may, and that such a possibility cannot safely be ignored.

During the past two years, the editor has been instructed to enlarge the *Journal* at her discretion. This responsibility has been a heavy one, and she is grateful to the President of the Canadian Nurses Association and the Publications Committee for giving her the benefit of their sympathy and understanding. It has seemed wise to go slowly, rather than to undertake a program of rapid expansion from which it might be both embarrassing and costly to withdraw. Improvements have been made to the extent which seemed prudent in the circumstances, and every effort has been made to develop the potential sources of strength disclosed by the work of the Provincial Canadian Nurse Committees.

Prompt and efficient production of the *Journal* requires that accurate and under the pressure of a definite time limit. The three members of the *Journal* staff, Miss Mary Birnie, Miss Kathleen Williams, and Miss Ethel Hughes have all responded admirably to the heavy demands thus made upon them. The editor is sincerely grateful to them for their competent, loyal and ungrudging service.

Reference has already been made to the enlightened leadership given by the Publications Committee, and to the outstanding value of the work of the Provincial Canadian Nurse Committees. The various nursing organizations continue to support the Official Directory, thus affording most valuable opportunities for direct contact as well as providing an important source of revenue. Even in these days of storm and stress, the Alumnae Association of the School of Nursing of the Hamilton General Hospital stands firmly by its

rule that every member must be a subscriber. There are many other friends of the *Journal*, in all parts of Canada, who through the years have worked for it, written for it, and had faith in it. It has been an inspiration and a privilege to share the adventure with them.

ETHEL JOHNS,
Editor and Business Manager.

REPORT OF THE SPECIAL COMMITTEE ON HEALTH INSURANCE AND NURSING SERVICE

Following my appointment as convener at the Biennial Meeting of the Canadian Nurses Association, 1938, it seemed wise to have a small committee appointed in each provincial association who would be on the alert for any new developments in Health Insurance, in the projection of which the National Committee might be of assistance. Following correspondence with various nurses, the following provincial representatives have been cooperating during this biennium: Alberta, Miss Catherine Clibborn; British Columbia, Miss Mabel Gray; Manitoba, Miss E. A. Russell; Ontario, Miss Edna L. Moore; New Brunswick, Miss Maude Retallick; Nova Scotia, Miss Edith Fenton; Prince Edward Island, Miss Hattie MacLaine; Quebec, Miss Esther Beith; Saskatchewan, Miss Elizabeth Smith.

Reports which have been received indicate that while there is considerable interest in Health Insurance throughout Canada, no new developments have been proposed, although the need for such schemes is being increasingly recognized. Co-operative plans are organized privately among the employees of numerous industries, which provide for medical care and in many instances, hospitalization also. No reports of the inclusion of nursing as a special service in any of these schemes have been received.

Group hospitalization policies have been developed by a large number of hospitals in the interests both of their local communities and of the hospital finances. This appears to be the most significant step in the provision of adequate care of those who are ill which has been taken in the past two years. Nursing service is included only in so far as it is a part of the hospitalization scheme.

An interesting comment from Glace Bay, Nova Scotia, throws some light on the functioning of one hospital insurance scheme:

> There is considerable talk at the present time about the establishment of a clinic. If this is done, the money the men are paying will be placed in a fund and the doctors will be engaged on a salary basis. The system we have now is, at times, abused. Patients enter the hospital for minor ailments, and those cases could be treated in their homes if we had a nursing service under the control of the hospital. If the present system is changed, no doubt a nursing service will be included in the set-up, and it would do untold good in the community.

In Ontario, the Associated Medical Services, which has the full endorsation of the Ontario Medical Association, includes nursing service as a part of the benefits available to each of the

15,000 subscribers. The opinion is expressed by the Ontario convener, that "the development of community nursing service programmes is the basic need at the moment".

The Alberta report suggests a similar thought. "Public Health Nurses recognize the need for such service chiefly as it is concerned with the community". This report continues, "The Private Duty Nurses, in particular, realize the necessity of a system which will be more definite financially, and at the same time provide nursing service to those who under present conditions cannot afford it."

There is a general agreement from all parts of Canada that this special committee should continue to function. It is also felt that the appointment of a similar special committee in each provincial association would provide a useful medium through which studies of existing health insurance schemes could be made. In addition, such committees would be prepared to take the initiative in advocating the inclusion of nursing services in health insurance schemes when such steps seemed appropriate.

MARGARET E. KERR,
Convener.

REPORT OF THE COMMITTEE ON COMMUNITY NURSING SERVICE BUREAUX

This Committee was formed in 1936 following the biennial meeting of the Association in Vancouver. Its objective was the promotion of the study of the nursing needs of the community and the re-organization of registries or the establishment of Bureaux to meet such needs. Financial assistance was authorized by the Association to the extent of $4000 per year for a two-year period. The co-operation of the Victorian Order of Nurses for Canada in the development of the objective was sought.

As reported at the biennial meeting held in Halifax in 1938 a Joint Advisory Committee was set up in 1936 comprised of representatives of the Victorian Order of Nurses and the Canadian Nurses Association. All activities of the Committee have been carried on under the direction of this Committee, its executive being comprised as follows: chairman, Mrs. Robert Reford; vice-chairman, Miss E. L. Smellie; secretary, Miss Jean Gunn. During a portion of the term Miss Smellie served as acting-chairman.

It is with regret that the Committee must report that the stated objective has not been completely attained. Although there has been considerable study given to the problem, and although registries in every province have been developed and in many cases re-organized, there has not been one community nursing service bureau established, under the Committee, in any province. Several requests for financial assistance in such organization have been received and have been given most careful consideration, but in no case did they meet with the requirements as agreed upon by the Joint Advisory Committee. Cities which may be listed in this connection are: London, Ontario; Moose Jaw, Saskatchewan; Vancouver, British Columbia.

No requests have been received since early in the year 1939, although each Provincial Association was reminded in January of the Committte and of its possibilities for assistance, both financial and advisory. The Committee has been inactive for the greater part of the past year. Accordingly the Committee has given thought to the advisability of recommending to the two co-operating organizations, the Victorian Order of Nurses for Canada and the Canadian Nurses Association, the desirability of its discontinuance. Such action is favored by twenty-one of the twenty-three members of the Joint Advisory Committee, this being the number from whom replies to a questionnaire were received. Upon receipt of this unanimous opinion, the advised action was reported to the Victorian Order of Nurses for Canada by the vice-chairman of the Committee, Miss Elizabeth Smellie. She now reports that the recommendation for discontinuance of the Committee was accepted by the Executive Council of the Victorian Order of Nurses for Canada at a meeting held May 15, 1940.

The following resolution is now submitted for the consideration of the Canadian Nurses Association:

Whereas the Joint Advisory Committee of the Victorian Order of Nurses for Canada and the Canadian Nurses Association, appointed to encourage and further the establishment of Community Nursing Service Bureaux in suitable centres in the various provinces of Canada, has received no request for assistance in such a project since early in the year 1939, and whereas the centres studied during the years 1936-1939 have not resulted in the establishment of a Bureau in any case, it is therefore recommended that the Canadian Nurses Association do now authorize the discontinuance of the Committee.

It is felt by members of the Committee that such action need not interfere with the re-opening of the matter at any future date, since if the need arose a new Committee might at any time be appointed. The re-organization of registries, which is apparent in every province, would indicate that the ideals of the Bureau, as held by the Committee, are being worked out and the need will thus be met.

RUBY M. SIMPSON,
Chairman.

OUR OFFICIAL PHOTOGRAPHERS

The lively illustrations which adorned the pages and the cover of the August issue were the work of three skilful amateur photographers, all of whom happen to be members of the Victorian Order of Nurses. Their names are Lillian Wooding, of Gibson's Landing, British Columbia; Jean Whiteford, of Saskatoon, and Viola Leadlay, of Edmonton. At every session of the C.N.A. convention they were on the watch for celebrities and other photogenic subjects, and seemed to have a special talent for persuading their victims to pose against attractive backgrounds and to "look natural" while doing so. The *Journal* is very grateful to its "official photographers" and hopes to publish more of their excellent pictures later on.

This seems to be a good time to ask all our readers to be on the lookout for photographs which might appropriately be published in the *Journal*. Characteristic Canadian landscapes are especially welcome, and so are "action" pictures of nursing procedures. Quite small snapshots can frequently be enlarged to great advantage, so let us see your prints. We promise to return them promptly and to take good care of them.

REPORT OF THE EXCHANGE OF NURSES COMMITTEE

The functions of the Exchange of Nurses Committee are to arrange for exchange of members of the Canadian Nurses Association with nurses of other English-speaking countries; also to arrange for periods of observation for Canadian nurses, as well as for nurses from other countries who wish to come to Canada for a similar purpose. All these nurses must be members of their respective national nursing organizations.

The first exchange with New Zealand went into effect early in March, 1939, when a member of the school nursing staff of Vancouver, British Columbia, went to New Zealand, and a district nurse from that country came to Vancouver. The general plan for this exchange was: (1) period of exchange to be for one year; (2) both nurses to remain on the pay roll of their School Board or controlling authority; (3) each nurse to be responsible for her travelling expenses; (4) the exchange to be put into effect at a date suitable to both nurses and their employers.

Negotiation for exchange between two staff nurses in a Canadian hospital with nurses holding similar positions in New Zealand had advanced so far that reservations for sailing from Canada had been made, when war was declared and all negotiations had to be postponed indefinitely. Also plans were advanced whereby a nurse from New Zealand would obtain experience and study in tuberculosis nursing in Canada. These plans also had to be postponed. The secretary of the New Zealand Registered Nurses Association has advised that as soon as negotiations can be resumed, a member wishes to exchange with a public health nurse in Canada.

During 1938-39, programs were arranged for several nurses, all of whom wished to spend some time in Great Britain for observation in visiting and public health nursing or in various hospital nursing services. The itinerary for one public health nurse included brief visits to Holland and France. In the same year, several nurses from Great Britain and one from New Zealand spent some time in observation in Canada. The outbreak of war caused cancellation of completed plans for a nurse from England to Canada and for two Canadian nurses to Great Britain; one Canadian who sailed early in August 1939, completed her itinerary of three months in public health nursing, then enrolled for a midwifery course.

The Committee deeply appreciated the courteous attention given to all correspondence and requests by the Royal College of Nursing authorities in London, England, in connection with making arrangements for periods of observation on behalf of Canadian nurses; the latter as they return to Canada express their gratitude to the Committee and emphasize their indebtedness to Miss Hester Parsons, Director in the Education Department, the Royal College of Nursing, and to the authorities of various agencies or institutions which make available their varying resources to nurses from this country.

Approval was given by the Committee to recommendations proposed by the Royal College of Nursing, namely, that all nurses who wish to add to their professional knowledge by observation should have several years graduate experience and that the minimum length of any itinerary should be two months.

In March 1940, it was learned that of the twenty Canadian nurses who were recruited by the Committee early in 1938, in response to a request from the Secretary of the South African Trained Nurses Association, nine had returned to Canada, ten were still employed in various hospitals in South Africa while one had married and setttled in that country.

Numerous requests for information have been received. Upon learning that the terms for exchange include (1) the applicant to be in a permanent position and (2) her employer willing to accept a nurse in exchange, no further correspondence was received from those sources. Also, there has been the occasional inquiry by which the Committee is regarded as an employment or placement agency; this type of inquiry receives a reply

in which are stated the functions for which the Committee has been appointed.

In December 1939, the Executive Committee of the Canadian Nurses Association recommended that, for the duration of the war, the objective of the Exchange of Nurses Committee be the encouragement of interprovincial exchange. The Committee met to consider the recommendation and after lengthy discussion adopted the following resolution: "Whereas, in the opinion of the Exchange of Nurses Committee, promotion of interprovincial exchange and of observation study depends to a great extent on the desire of the individual nurse to benefit by such projects, therefore be it resolved this Committee recommend to the Executive of the Canadian Nurses Association that at the forthcoming annual meetings of the Provincial Associations of Registered Nurses, the attention of nurses be drawn to the desire of the Exchange of Nurses Committee to learn the demand for interprovincial exchange and periods of observation."

When this resolution, together with resolutions from two other special committees, were studied by the Executive Committee in March 1940, the latter asked that a joint meeting be held of the three special committees, (namely: Exchange of Nurses, Scholarship Award, and the Florence Nightingale Memorial), for the purpose of giving concerted study to the several resolutions. The joint meeting was held in Calgary on June 24, 1940. Decisions reached will be reported at a later session.

The committee held six meetings at the National Office in Montreal. The committee consists of ten members, five of whom are: Miss Grace M. Fairley, Vancouver; Miss Catherine Lynch, Winnipeg; Miss Jean E. Browne and Miss F. H. M. Emory, Toronto, and Miss E. L. Smellie, Ottawa; five reside in Montreal — Misses M. Lindeburgh, F. Munroe, M. Nash, the convener and the Executive Secretary of the Canadian Nurses Association, who acts as secretary to the committee. A report of each meeting is sent to all members of the committee and on occasions when important decisions are anticipated, the opinion of each member has been sought prior to a meeting.

MABEL K. HOLT
Convener.

REPORT OF STUDY, NATIONAL FIELD SECRETARY

The special committee appointed to study the development in the near future of the office of a National Field Secretary submits herewith a report on that study. The Executive Committee of the Canadian Nurses Association in meeting on March 11, 1939, after hearing the interim reports of the Provincial Associations adopted the following resolution:

Whereas it has been accepted as desirable that more direct contact should be made between the Canadian Nurses Association and its federated units, be it resolved, that this Executive recommend that study and consideration be given to the development in the near future of the office of a National Field Secretary and that a Committee be appointed to study this matter and report at the General Meeting in 1940.

Historical Data: During the first fourteen years, Canadian Nurses Association work was carried on by the voluntary contribution of members, chiefly the honorary officers. In February 1923, a National Office was established and an Executive Secretary appointed. In August 1924, the Executive Secretary assumed dual responsibilities by becoming Editor and Business Manager of *The Canadian Nurse*. One clerical assistant was added to the staff. Two years later a bookkeeper was appointed. This staff of three carried on until January 1, 1933, when the Executive Secretary was relieved of editorial duties; since then National Office staff has consisted of an Executive Secretary and one clerical assistant.

Organization Development: The activities of the Association have increased and expanded steadily until now it must be recognized that with the present staff, it will be impossible to develop additional creative undertakings.

Organization development has been dependent to quite an extent on the voluntary contribution of members who have become responsible for the functioning of special committees—the means by which many objectives have been attained. A certain amount of voluntary contribution is essential and desirable but the question now arises: should the Canadian Nurses Association continue to expect so much through voluntary contribution from its honourary officers and special committees? Rather, should not promotion of the National Organization program be assigned more to executive officials?

Among present creative undertakings and studies delegated to special committees, the conveners of which could be relieved considerably by the appointment of another well qualified executive officer, are the following:

1. The National Committee on Education.

2. The Study of Eight-Hour Duty for Nurses.

3. A History of Nursing in Canada.

Also there is the bringing up-to-date of A Brief History of the Canadian Nurses Association.

Placement Service or Bureau: Should a National Placement Service or Bureau be established, periodic visits to the Provinces by a National Office official could become most valuable; that official could gain a knowledge of the institution and agencies employing nurses as well as have direct contact with those who might wish to use the Placement Service when desiring a change in position.

It can be anticipated that within a few years fees from a Placement Service would carry that undertaking; as the Service grows a full-time official (director) would be required, in the meantime it should be possible to build up a Service if an additional executive officer is appointed to National Office Staff.

Provincial Relationship: During the present biennium, there has been a successful application of the policy adopted at the General Meeting in 1938, namely that the C.N.A. official program be promoted by attendance of the Association's officers at provincial meetings. However, the Association must bear in mind there are limitations to Administrative Boards approving the absence of an executive officer for such visits while serving as an honourary officer of the C.N.A.

There appears to be at present a lack of appreciation by the individual nurse as to the interrelationship of the provincial, national and international nursing

organizations. The benefits derived from personal contact are so well recognized that they do not require elucidation in this report. However an executive official who could be given the opportunity of visiting the Provinces could interpret the needs of nurses and stimulate the Provincial Associations as has not been possible heretofore.

Also, during the past two decades the offices of the provincial associations have developed to a marked degree. In this development, in some instances, at least, nine offices have undertaken work that could have been done readily through co-ordination of effort at a central office.

Conclusion: In the opinion of the Study Committee, it is for the Provincial Associations to decide whether there is need for the appointment of an additional member of National Office Staff, a nurse possessing wide experience and an appreciation of national-provincial relationships, to serve as (a) a national field secretary *or* (b) Assistant to the Executive Secretary.

This Committee recognizes this may not be an opportune time to suggest changes entailing increased expenditure, however, it may be the time when a strengthened National Office might become of inestimable value to the provincial associations and to the profession as a whole. Therefore this Study Committee begs to submit its findings to the Executive Committee on March 2, 1940, with the suggestion that prior to the General Meeting a copy of the report be sent to each Provincial Association of Registered Nurses.

ELIZABETH L. SMELLIE, (*Convener*),
GRACE M. FAIRLEY,
JEAN S. WILSON.

ASSISTANT EXECUTIVE SECRETARY

The Committee on Selection invites applications for the position of Assistant to the Executive Secretary of the Canadian Nurses Association.

It is essential that those applying be women with sound professional training and broad experience, capable of assuming responsibility for the development of educational programs and various phases of organization work.

Applications should be submitted to the undersigned not later than October 15, 1940, stating full particulars of undergraduate training, graduate experience, and study.

Convener of Selection Committee
CANADIAN NURSES ASSOCIATION
1411 Crescent Street, Montreal, P. Q.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

General Meeting, 1940

At the twentieth General Meeting of the Canadian Nurses Association, which was held in Calgary, Alberta, June 24-29, 1940, it was decided that a Convention number of the *Journal* should be published, therefore, this issue becomes that special number.

Officers

The officers for the biennium 1938-1940 were re-elected by acclamation for 1940-1942. These officers are: President, Miss Grace M. Fairley, Vancouver, first vice-president, Miss Elizabeth L. Smellie, Ottawa; second vice-president, Miss Marion Lindeburgh, Montreal; honourary secretary, Miss Kathleen I. Sanderson, Vancouver; honourary treasurer, Miss Alena J. MacMaster, Moncton.

Sections

Arising from the adoption of the report on the re-naming and re-organizing of the Sections, change is made in the names of two Sections: the Nursing Education Section is now the Hospital and School of Nursing Section, chairman, Miss Blanche Anderson, Ottawa; the Private Duty Section is the General Nursing Section, chairman, Miss Madalene Baker, London (Ontario); the Public Health Section remains unaltered, chairman, Miss Margaret Kerr, Vancouver.

Committees

The National Committee on Education becomes the Standing Committee on Nursing Education; the convener to be a member of the Executive Committee.

A recommendation was approved whereby the Committee on Curriculum for Nurses-in-Training in Mental Hospitals is now a sub-committee of the Committee on Nursing Education.

For the duration of the war, the objective of the Exchange of Nurses Committee is the encouragement of interprovincial exchange.

The Scholarship Award Committee is combined with the Florence Nightingale Memorial Committee under the name of the latter. The function of this committee is to be (a) the collection of funds for the Endowment Fund of the Florence Nightingale International Foundation for the next two years; (b) the collection of funds for, and allocation of, scholarships, bursaries or loans as may meet the need.

The reports of the following committees: History of Nursing, Eight-hour Duty for Nurses, and Health Insurance and Nursing Service, each contained recommendations. These reports appear elsewhere in this issue.

The Community Nursing Service Bureaux Committee recommended its discontinuance, this was approved.

Incorporation

The report of the study on incorpora-

tion of the Canadian Nurses Association was approved unanimously and the Legislation Committee authorized to take necessary steps to secure incorporation.

Amendments to By-laws

Decision to make the Committee on Nursing Education a standing committee, and the convener a member of the Executive Committee will effect minor changes in the by-laws of the Canadian Nurses Association, also a number of slight changes must be made in the Sections' by-laws, due principally to change of names for two Sections.

Registration

The official registration at the General Meeting was 495; of these 170 were from provinces other than Alberta; also 40 student nurses registered.

Previously Reported

In these *Notes*, August 1940, there are recorded the proceedings of the General Meeting when a number of decisions were made relative to rendering assistance in the present national crisis.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Memorial Fund have been received from:

Alberta:

Students' Council, School of Nursing Misericordia Hospital, Edmonton	$5.00

Quebec:

A. A., Montreal General Hospital, Montreal	25.00
Student Government, School for Nurses, Montreal General Hospital Montreal	25.25
L'Association des Infirmières Diplômées du Sanatorium Prévost, Cartierville	2.00

RESOLUTIONS AND RECOMMENDATIONS FROM THE GENERAL MEETING, 1940

1. Resolved that the Canadian Nurses Association accept the invitation of the Association of Registered Nurses of the Province of Quebec to hold the next General Meeting (1942) in the City of Montreal.

2. Whereas in general assembly the Canadian Nurses Association approved the report on Incorporation of the Association, be it resolved that the Legislation Committee be herewith authorized to take the necessary steps to secure Incorporation.

3. Whereas the benefit derived by having an officer of the Canadian Nurses Association attend annual provincial meetings is recognized and appreciated, it is felt that a further direct contact could be made between the Canadian Nurses Association and the Provincial Associations of Registered Nurses, be it resolved that such be effected by a councillor from the two neighbouring provinces to the province where the President (C.N.A.) is resident being invited to attend Interim Executive Meetings of the Canadian Nurses Association. The invitation to these officials is to be made through the Provincial Executive.

4. Whereas during the next two

years unusual heavy responsibilities and work may have to be met by the Executive Committee, be it resolved that the Executive Committee of the Canadian Nurses Association be given wide powers and authority of wide representation at Executive Meetings during the next biennium.

5. Resolved that at General Meetings of the Canadian Nurses Association all resolutions are to be put in writing at time of presentation.

6. Resolved that a copy of the complete Minutes of General Meetings of the Canadian Nurses Association be sent to each Provincial Association of Registered Nurses for its files.

7. Resolved that provision be made in the office of the Canadian Nurses Association for a limited Placement Bureau which shall provide for receiving applications from nurses qualified for positions of administration, teaching and supervision in hospitals, schools of nursing and in the field of public health nursing and the compilation of their credentials; and to which Hospital Boards and superintendents of hospitals seeking nurses to fill such positions might apply for information regarding nurses available for their vacancies.

8. Resolved that the matter of the Placement and Service Bureau of the Canadian Nurses Association be referred to the Legislation Committee for study in order that there may be no legal complications regarding the objects and functions of this Bureau in view of the impending incorporation of the Canadian Nurses Association.

9. Resolved that an assistant to the Executive Secretary be appointed for the ensuing biennium, 1940-42. That details regarding duties, salaries, travelling expenses, etc., be worked out by the present Field Secretary Committee, such details to be ratified by the Canadian Nurses Association Executive prior to the appointment.

10. Resolved that a minimum sum of $2,000 per annum for the next biennium be earmarked from the funds of the Canadian Nurses Association to augment the amount in the "Special Fund" (accrued interest from bond investments) and sums collected through the Florence Nightingale Memorial Committee, C.N.A., for the purpose of carrying on the educational policies to be outlined by the combined Florence Nightingale Memorial Committee and the Scholarship Award Committee.

11. Resolved that the policy of collecting funds for the Endowment Fund, Florence Nightingale International Foundation, to the completion of the commitment by the Canadian Nurses Association (1938-1942) be endorsed.

12. Resolved that all surplus funds over and above the annual commitment to the Endowment Fund, Florence Nightingale International Foundation, ($1,250) be added to the sum earmarked from Association funds for the purpose of carrying on educational policies.

13. Resolved that the Canadian Nurses Association accept The Supplement to a Proposed Curriculum for Schools of Nursing in Canada for a trial period of two years. Also it is recommended that at a time to be determined later, both booklets will be revised, rewritten and combined into one volume.

14. Whereas many members of the Canadian Nurses Association have been teaching Home Nursing Classes from the 1932 revised text-book of St. John Ambulance Association; and whereas there is a keen interest in having the facts of home nursing accurately presented to the public, be it resolved that the Canadian Nurses Association make representation to the St. John Ambulance Association urging that a committee of nurse educators be asked to assist in the revision of the entire textbook.

15. Resolved that the Canadian Nurses Association endeavour to secure the co-operation of the St. John Ambulance Association in recognizing the superior background of the nurse as compared with that of the average layman; moreover, on the basis of this recognition, where an application is made for an instructor's certificate in first aid, that a registered nurse be required to take only one examination prior to the instructor's examination.

16. Resolved that the St. John Ambulance First Aid Course be given to all student nurses in the course of training, and that each nurse be required to pass the examination given by the St. John Ambulance Association and secure her certificate.

17. Resolved that the Committee on Nursing Education consider the resolutions concerning the St. John Ambulance Association, and also any other problems concerning the giving of instructions under the St. John Ambulance Association, and that this Committee confer with the St. John Ambulance Association in order to bring about the desired changes.

18. Resolved that as membership in the Canadian Nurses Association has now reached 16,758 with an increase of 1,157 in 1939, and as each of the nine Provincial Associations has members whose contribution to nursing is deserving of recognition, the presentation biennially of three Mary Agnes Snively Memorial Medals be continued. It is recommended that the incoming Executive Committee keep in mind the desirability of recognition of a member from each of the three Sections.

19. In order that *The Canadian Nurse* may be safe guarded from advertising by commercial registries, be it resolved that all applications from Registries for advertising space in the *Journal* shall be referred by the editor to the Publications Committee.

Resolved that the Canadian Nurses Association follow the precedent of publishing a Convention Number of *The Canadian Nurse* as was done following the 1938 Convention.

20. Resolved that the National Joint Committee, Canadian Nurses Association and the Canadian Red Cross Society, be continued; its objects restated and the Committee strengthened.

21. Whereas difficulties have arisen as a result of some of the volunteer work being done by members of the Canadian Nurses Association for the various national war-time organizations, be it resolved that a small committee be formed to which (a) such matters may be referred with a view to uniformity of action; (b) to report to the Executive Committee (Canadian Nurses Association) any matters coming to the attention of the committee which might facilitate the war effort of the Canadian Nurses Association.

22. Resolved that for the present, the number of Sections in both the Canadian Nurses Association and the Provincial Associations be limited to three. Regardless of the classifications for each Section, each member may elect the Section to which she wishes to belong.

23. Resolved that the name "Nursing Education" be applied only to the Committee on Education, which shall be known as the Committee on Nursing Education.

24. Resolved that the Committee on Nursing Education shall be a Standing Committee of the Canadian Nurses Association, the convener of which shall be a member of the Executive Committee.

25. Resolved that the Nursing Education Section shall become the Hospital and School of Nursing Section.

26. Resolved that the present name of Public Health Section be retained unaltered.

27. Resolved that the present Private Duty Section be known as the General Nursing Section.

(Classification of membership for the Sections is published in the Report on re-naming and re-organizing the Sections that appears elsewhere in this issue.)

RESOLUTIONS OF THANKS

1. Resolved that a vote of thanks be extended to all those who assisted in making the week of the twentieth General Meeting in Calgary such a delightful one, with special mention of Miss Rae Chittick, President of the Alberta Association of Registered Nurses, and the members of her Executive Committee, also of Miss Kathleen Connor, convener of the Committee in Arrangements, and the members of her committee.

2. Whereas the Lippincott Lounge has added so much to the comfort and enjoyment of the membership of the Association, be it resolved that a special letter of thanks be sent to Mr. O. T. Leeman, representative for the J. B. Lippincott Company.

3. Whereas the Canadian Nurses Association is conscious of the time and effort that Miss Marion Lindeburgh, convener of the Committee on Nursing Education, has given to the preparation of The Supplement—the improvement of nursing education in the clinical field, be it resolved that a vote of sincere gratitude be expressed to Miss Lindeburgh and her Committee.

4. Resolved that votes of thanks be expressed to the Bishop of Calgary; to Archdeacon Swanson; and to the Rev. A. J. Hetherington.

5. Resolved that a vote of thanks be expressed to the representatives of the Press in Calgary for their splendid cooperation.

6. Resolved that appreciation be expressed to Miss Isabel Lamont of Calgary for her excellent work in connection with making transportation arrangements for visiting nurses throughout the week.

SUMMARY OF PROVINCIAL REPORTS

Alberta Association of Registered Nurses

Membership: During the past two-year period, membership has been as follows: In 1938 there were 1237 members in good standing; in 1939 there were 1303. While there has been a substantial increase in subscriptions to *The Canadian Nurse* the percentage of members subscribing to the *Journal* is still low.

Annual Meetings: In 1938, a successful combined refresher course and annual meeting was held. Nurses from the north and south of the Province met at Ponoka, where lectures and clinics were given by members of the staff of the Provincial Mental Hospital. The second and third days were spent in Calgary, listening to instructive and inspiring addresses in the mornings, and in the afternoons taking part in business discussions.

At the 1939 convention, a resolution was adopted that the Inspection Committee, when making its next visit to the schools of nursing, recommend to the boards of the various hospitals that the superintendents of nurses should attend board meetings.

Sections: At present, chairmen of Sections are not members of the Provincial Executive; but a proposed amendment to the Registered Nurses Act will provide for such membership. An annual grant of $50. is allowed each Section from the provincial treasury.

Our Association has been privileged to appoint a representative to the Commission to administer the Cancer Remedy Act. The object of the Commission is to investigate any substance or method of treatment which is held to be or advertised as a remedy for cancer.

In conjunction with the proposed Curriculum for Schools of Nursing in Canada, a revision of the minimum curriculum for schools of nursing in Alberta has been completed by the Instructors' Group, under the Nursing Education Section, and has been approved of by the Association. Miss M. S. Fraser (the Association's senate representative) reports the unanimous acceptance of this revision by the Senate of the University of Alberta. The Registered Nurses Association of Alberta is affiliated with the University of Alberta, and regulations governing schools of nursing must be approved of by the Senate of the University. May it be mentioned here how happy and helpful is this relationship.

Other trends: At the outbreak of war, the Executive of the Association offered to the Alberta Red Cross Society the services of qualified nurses to conduct home nursing classes. These have been organized throughout the Province and are being carried on successfully.

The main development within the Association during the past two years had been the organization of District Branches throughout the province. Five associations of graduate nurses have re-organized in order to become Districts of Registered Nurses; three localities, where heretofore no organization existed, have organized branches. By this direct link, it is hoped that a closer relationship and understanding of provincial, national, and international policies may be effected.

From 1938 to 1940, Miss Agnes Macleod, director of the School of Nursing, University of Alberta, has been the representative of the Association on the Inspection of Schools of Nursing Committee. This committee is composed of a representative of the University, Mr. A. E. Ottewell, Registrar; a representative of the Faculty of Medicine, Dr. J. J. Ower, provincial pathologist; and a representative of the A.A.R.N. In addition to visits made by the Committee, in 1938 and 1939, the Association sponsored an individual visit paid by Miss Macleod to each school of nursing.

This biennial period has brought to nurses in the Province a more than usual happy interest and, for most of us, a first experience in preparing for a General Meeting of the Canadian Nurses Association.

A. E. VANGO,
Secretary,

Registered Nurses Association of British Columbia

Membership: Membership, as last submitted to the Canadian Nurses Association, is 2395. The percentage of nurses subscribing to *The Canadian Nurse* is not known in the office of the Registrar. A notation, placed on each registered nurse annual fee renewal slip, asked that this information be given, but many nurses omitted to fill out this slip or return it to the office, so data is lacking.

Annual Meetings: The attendance at annual meetings depends on the city in which they are held, and varies from approximately 150 to 250. At the 1940 meeting, the chief topic was the progress of the work of the Committee on the formation of Districts and Chapters, and the giving of assistance both financially and in any other helpful way. The appointment of an organizer to do this work was approved, leaving further developments to the Committee and the Council of the Registered Nurses Association of British Columbia.

It was decided to continue the work of the Travelling Educational Units which tour the Province in rural areas and give lectures and demonstrations on nursing procedures and latest treatments, thus furnishing nursing groups with better knowledge of what the Provincial Association is doing for the nurse.

Arrangements for refresher courses in supervision were endorsed by the Council, and two courses, each lasting for one week, are to be carried on successively in Vancouver and Victoria during the summer.

A contribution towards the distribution of one hundred subscriptions to *The Canadian Nurse* in the rural districts was made as an experiment with the hope it might encourage a larger circulation in British Columbia.

Sections: Chairmen of Sections are elected as such to the Council of the Registered Nurses Association of British Columbia. Grants to these sections have been made whenever required. Each section has the power to spend up to $25. per year as it deems advisable. No request from any section has been refused by Council.

Registration: No changes have been made in the Registered Nurses Act during the past two years, and there has been no increase in reciprocal arrangements with other countries since 1938. British Columbia now has reciprocal arrangements with England, Scotland, South Ireland (Eire), and Southern Rhodesia.

Other trends: There is a growing consciousness of the isolation of small groups of nurses throughout the Province; an effort is being made to bring them the latest methods, techniques, and information on subjects interesting to them, and to urge the formation of groups as graduate nurses associations and later, through the efforts of the Committee on Districts and Chapters, to carry out a plan to divide the Province into Districts and Chapters in order to bring all into closer touch with the Provincial Association.

There has been a great increase in the work done by the Credentials Committee of the Registered Nurses Association of British Columbia to assist the Joint Enrolment Committee of the Canadian Nurses Association and Canadian Red Cross Society during the period following the outbreak of war. The enrolment is now over the quota, and much was done to obtain proper credentials and to forward lists to the Provincial Red Cross.

An experiment arranged for and financed by the Association, was undertaken whereby a nurse in the public health field, desiring to obtain further experience in obstetrical nursing, and a hospital staff nurse engaged in that service, exchanged duty for one month. The reports received from both were interesting, but so far this exchange has not been repeated.

Much work was done by the Council in collaborating with a Provincial Government Committee in preparing a report on nursing conditions in the hospitals of British Columbia. It is confidently felt that much information was obtained and it is hoped that arising out of the full report there may be a definite improvement in standardizing hours of work and remuneration.

For the Registered Nurse Examinations of 1939 and 1940, a dietitian was added to the Deputy Examiners to prepare and correct the paper on dietetics; this was felt to be an advantage.

HELEN RANDAL,
Registrar.

Manitoba Association of Registered Nurses

Membership: Graduate nurses, who are registered according to the Nurses Act of Manitoba, are eligible for membership in the Manitoba Association of Registered Nurses. Approximately 4278 nurses have registered in the Province since 1914, and of this number 1452 were paid up members at December 31, 1939. The percentage of members subscribing to *The Canadian Nurse* is 9.3.

Annual Meetings: We celebrated our twenty-fifth jubilee in April 1939, and were honoured by the presence of two outstanding nursing leaders — our National President, Miss Grace Fairley, and Miss Katherine Densford, Director of the University of Minnesota School of Nursing. In order to stimulate general interest it has been necessary to introduce as many phases of professional activity on our program as possible. These include demonstrations on new techniques in the hospital and public health field, and discussions of newer drugs and treatments. Instructors and supervisors have demonstrated teaching methods, such as bedside clinics and student conferences, the health instructors illustrating the means by which health practices are taught to students and to patients. Our first business session is devoted to the reports of the Executive Secretary and Registrar, the presidential address, and reports of the sections. Later we have reports from the various committees and representatives.

Some months ago, the Secretary completed a report of the survey of the sixteen schools of nursing in Manitoba which revealed the urgent need for a broad program of public education, and for advice and support from leaders outside of the nursing field. It was necessary, therefore, to set up a Provincial committee to (1) define educational policies and to assist in formulating standards of nursing education which would be acceptable; (2) to suggest ways and means whereby these standards might be attained. The personnel of this committee is as follows: a superintendent of a hospital; a superintendent of nurses; an instructor of nurses; the Superintendent of Education for Manitoba; a member of the Senate of the University, who is also a member of the liaison and Nurse Examining Committee; the President of the Local Council of Women; a member of the Manitoba Hospital Association; the President of the United Farm Women's Organization; and the Deputy Minister of Public Health for Manitoba.

A University committee has been appointed to consider the possibilities of establishing a post-graduate course for nurses within the University. Representatives to local organizations namely, Local Council of Women, Council of Social Agencies and Canadian Red Cross, report on the activities of these organizations.

At each annual meeting, we invite representatives from senior classes from all the schools of nursing, and this practice is proving very satisfactory. Even our most isolated school of nursing has managed to send a representative to the meeting. These students upon graduation have a greater appreciation for their professional organization and are among our best supporters. Educational and commercial exhibits are also a feature.

Sections: The chairman of each of the three Sections are members of the Provincial Executive. We do not make a grant to these sections but have financed special projects for each of the three sections.

Various Projects: The Summer School Committee, in co-operation with the University, organized two consecutive summer school sessions for nurses. We were for-

tunate in having as guest lecturers, two outstanding nurse educators in the persons of Miss Marion Lindeburgh of McGill University, and Miss Agnes Macleod of the University of Alberta.

The Association sponsored a special survey of the employment possibilities for nurses in the Province. This study was made by a private duty nurse who in her final report suggested that the industrial field offered opportunities for development of nursing services. Some publicity was also given to the Nurses Central Directory through this survey, and has resulted in the placement of at least three nurses in new fields of service. The Association also sponsored a course in laboratory technique for nurses given under the direction of the pathologist of the Manitoba Medical College. The course covered sixty hours, and was given four evenings a week, and enabled several nurses to prepare themselves for positions in doctors' offices, as well as for employment in industrial work.

The Nurses Central Directory, which is under the control of the Provincial Association, has been slowly but steadily increasing its sphere of usefulness. It is now possible to obtain a registered nurse, a practical nurse, a masseuse, a male nurse, or an orderly. Recently, steps have been taken to operate a doctors' registry.

For the past three years the Manitoba Hospital Association has met jointly with the Manitoba Association of Registered Nurses for the annual meeting of the former. This affords an opportunity of sharing and exchanging ideas concerning the problems and policies affecting both groups.

Registration: The pass mark for registration examinations has, since November 1939, been raised to 60 percent. Since November 1939, a paper on anatomy and physiology has also been added. There has been no change in the Act respecting registration and no amendments since 1929. Arrangements for reciprocal registration between England, Scotland, and Wales were completed five years ago.

GERTRUDE M. HALL,
Executive Secretary.

New Brunswick Association of Registered Nurses

Membership: The 1940 membership roll of the New Brunswick Association of Registered Nurses, published in January in the *Royal Gazette*, showed a list of 805 members in good standing. The basis of membership is registration in the Province. There are three classifications—active resident members, active but non-resident and associate, and those who have retired from active nursing or have engaged in other occupations. There has been a steady growth in membership and a corresponding spread of interest in nursing problems and objectives.

There are 142 subscribers to *The Canadian Nurse*. While this is not a creditable number when compared with the membership total, it is an improvement on the number reported at the last Biennial meeting.

Annual Meetings: The annual meeting of the Association is usually held during the second or third week of September with an average attendance of 120 to 125 members. Reports are presented from the secretary-treasurer-registrar who is the executive officer; chairmen of the three Sections; and conveners of standing and special committees. Discussion of these reports results in the formulation of the various methods and policies of operation for the ensuing year. The number of provincial committees continues to increase.

Between annual meetings the Association functions by means of the Executive Council which is elected by ballot at each annual meeting and is limited to a membership of eighteen. The officers of the Council are the president, first and second vice-presidents, honourary secretary; members are the chairmen of the three sections, convenors of standing committees, and one representative from each Chapter organized in the Province. No member is eligible for President unless she has been a Council member, and no member is eligible for council membership unless she has been a member of the Association for one year. No special grant of money is made to any section or stand-

ing committee; expenses resulting from activities of sections and standing committees are paid from the provincial treasury. Council meetings are held quarterly.

The Province is divided geographically into five districts, and in four of these local members are organized into Chapters. In all Chapters there are active sub-committees of provincial sections and standing committees; to these are added other committees which effect progress along social and philanthropic lines. One Nurses Sick Benefit Fund is in operation, and one Nurses Credit Union. Chapter reports are among the most interesting presented at the annual meeting — Chapter opinion is the pulse beat of the Association.

Registration: Registration examinations are held twice each year in two provincial centres, and are under control of a Board of examiners, made up of two physicians, who are appointed by the New Brunswick Council of Physicians and Surgeons for a definite time, and three nurses who are appointed by the Executive Council for an equal term of service. Following a board meeting, notice is sent each candidate who has written the previous examination of results awarded. Copies of papers presented and a report of the standing of their various candidates are sent each nursing school.

In 1939 the Association presented its first scholarship award of $250. A similar award will be made this year.

Trends and Characteristics: The special objective of the Association during the past few years has been the preparation of a new Registration Act. On April 12 of this year, the Legislation Committee of the Association appeared before the Corporations Committee of the Provincial Legislature and, through counsel, presented their new Bill of Registration. This, with only one amendment, received the approval of the Corporations Committee. The amendment provides that in case of a registrant whose certificate has been cancelled, appeal may be made to a county court as well as to the Supreme Court, which is the provision made in the petition. The amendment further provides that the costs of appeal may be assessed by the judge trying the case. The amended Bill has passed its third reading in the House and awaits only the signature of the Lieutenant-Governor-in-Council to become the registration law of the Province. Should this become law without further change, we shall have established a record in New Brunswick for securing legislation regarding nurses and nursing. The Legislation Committee has new and amended by-laws to present for consideration of the annual meeting of 1940.

We believe that we have had a very successful year and trust that the march of progress may continue as we go forward into the future.

MAUDE E. RETALLICK,
Secretary-Registrar.

Registered Nurses Association of Nova Scotia

Membership has continued to grow, and is at present 963, an increase of 28% over that reported at the last General Meeting. 14.7% of our members subscribe to *The Canadian Nurse;* this also represents an increase.

Annual Meetings. In June 1939, the annual meeting was held in Antigonish, with sixty-two members present. As the Loan Fund for post-graduate work among our members has been in constant use, and as more applications have been received than could be granted, it was decided at that time to increase the Fund by $300. While the eight-hour day for private duty nurses seems to be firmly established in the city of Halifax, it has not been found possible to adopt it in the outlying districts. Accordingly, it was decided that private duty nurses in outlying districts adopt a ten-hour day and work toward an eight-hour day.

Sections are not organized as such in this Province, but function as standing committees, whose conveners are members of the Provincial Executive. No grants are made to these Committees. The Program and Publication Committee collected and forwarded

material to *The Canadian Nurse*, and assisted in sending out programs of meetings. The Library Committee met frequently and prepared lists of books considered desirable for purchase for the Nurses' Library. The Legislative Committee invited criticism of the Act and by-laws by the Branches, and gave it careful study. Other standing committees carried out their usual duties.

Registration: Although no amendments to our Act have been made, a stricter interpretation of the clause dealing with educational requirements for registration has been enforced since June 1, 1939. Reciprocal arrangements are judged on an individual basis, and registration is granted to any applicant who meets our own requirements.

Since war began, our "residence clause", which affects those who did not train in Nova Scotia, has been coming into greater prominence; we are receiving applications from natives of our Province, who wish to enlist for military service, but who trained and are living in the United States.

Trends and Characteristics: Grading reports of the Schools of Nursing in the Province were prepared and sent out by the Registrar in July 1939; these were based upon a survey made previously. While no formal reports have been asked for to date regarding the extent to which the recommendations then made have been adopted, it is believed that considerable activity has been going on within the Schools, and that improvements are being made. Among these is the establishment of an affiliative course in pediatrics at the Halifax Children's Hospital. Several refresher courses have been held by the Local Branches, one worthy of note being the course in mental health and disease conducted by the Halifax Branch. The Provincial Association hopes to have a refresher course at the time of the annual meeting in 1941.

A record of the type of work being done by each member of the Association was begun last year, and we hope to bring this up-to-date each year as the members pay their annual fees.

Several projects, planned with enthusiasm last year, have been laid aside temporarily because of the war, and our nurses instead have been devoting their spare time to the making of surgical supplies, attending first aid classes, assisting in the Service Canteens, staffing first-aid posts during blackouts, and other forms of war work.

MURIEL J. GRAHAM,
Registrar-Secretary.

Registered Nurses Association of Ontario

Membership: The membership on December 31, 1939, was 4,704 and up to May 1, 1940, the membership for the current year is 4,403. This number indicates that the membership is steadily increasing. In checking with the mailing list of *The Canadian Nurse* it was found that approximately 32 percent of the members of the Association were subscribers to the *Journal*. This is an increase of 4 percent over that reported in 1938.

Annual Meetings: In 1939, the annual meeting was held in Toronto with a registration of 435. Representatives were present from the Ontario Medical Association and the Ontario Hospital Association. A symposium entitled "How may we provide adequate nursing service for all who require it?" evoked great interest as was evident by the fact that the auditorium was filled to capacity. The subjects were "The Nursing Needs of the Community," "The Preparation of the Nurse for the Service that is needed from her," and "How may a Registry be organized to supply the nursing service needed by the Community?" In their breadth of view and frank discussion of present day problems, as well as in their suggestions for future activities of the Association, these addresses were an inspiration to those present.

The annual meeting in 1940 was held in Ottawa, with a registration of 352. At the banquet, the Association was privileged to have as the speaker, Sir Gerald Campbell, High Commissioner for the United King-

dom, whose address was an inspiration to the delegates. A demonstration of great interest presented at the general meeting was that on "Co-operative Planning in Nursing". A break in the presentation and discussion of reports was an amusing skit depicting a day in a "Community Nursing Registry". A report on the extension and refresher courses as conducted by the School of Nursing, University of Toronto, and by the Institute of Public Health in connection with the University of Western Ontario, were of interest to the delegates and brought to their attention the opportunities offered to the graduate nurses. The activities of the Council of Nurse Education, as reported by the chairman, are always of interest to the members. For the past few years, the superintendents of schools for nurses have been approached regarding representatives from the student nurses attending the annual meeting of the Association, and the response is gratifying. In 1939, in Toronto there were 86 students; and in 1940, in Ottawa there were 54, representing 35 schools. The local hospitals or members provide accommodation for these students. The Association appreciates the attendance of the editor of *The Canadian Nurse* at the annual meetings, and this year was very pleased to welcome the Executive Secretary, whom we trust may attend future meetings.

Sections: The chairmen of the Sections act as the representatives to the Board of Directors. Grants to sections are included in the annual budget of the Association.

Committees: In Ontario, there are several very active Committees among those for which there are no corresponding national Committees, and about the work of which we present the following brief remarks: The splendid work accomplished by the Committee on the Formation and Re-organization of Registries during the past two years, under the convenership of Miss Marjorie Buck, was evident by the comprehensive report presented, which outlined a set-up for registry organization and re-organization, and suggested a constitution, by-laws, and regulations for Community Nursing Registries, together with an outline for an adequate record system.

The Committee on the Distribution of Nursing Service, with Miss Edna L. Moore as convener, has since 1934 conducted three surveys by the questionnaire method, in order to obtain statistical evidence of the need for a better distribution of nursing service in Ontario. The first survey in 1935 included the whole province; in 1938 a further survey was caried out in three of the districts and the third survey was conducted in a city of approximately 75,000 population. These surveys referred to one day only, and were undertaken by the nurses who personally called on the physicians. The findings of these surveys were tabulated and presented to the general meetings in 1937, 1938, and 1940. The reports contain a considerable body of information which is in the hands of the Association for use in whatever way may be indicated. The Committee is being retained in an advisory capacity.

The Provincial *Canadian Nurse* Circulation Committee has shown considerable activity under the leadership of Miss Margaret Dulmage. In some districts there are well organized committees, and the aim of the Provincial Committee is that all districts will co-operate to the fullest extent in order that renewals and new subscriptions to *The Canadian Nurse* may be increased. A luncheon meeting held at the time of the Convention, when the editor is present, has proved of value in stimulating the enthusiasm of the District representatives.

The Committee on Economic Security for Nurses presented a report containing much valuable information on this question for nurses, and the Board of Directors are considering a way in which this can be made available for all the members. That considerable progress has been made in some schools in developing a course of instruction along religious lines to help the individual nurse, was indicated in the report of the Committee on religious influence in the life of a nurse. The Permanent Education fund Committee reports that, during the past three years, 14 loans amounting to $3,200. have been granted from this Fund,

two of which have been repaid in full, and regular payments are being made on four others. We would like to record the study made by the special committee appointed to study the question of placement or vocational service, and the comprehensive report presented by the convener; also the study made by a special committee on the question of a National Field Secretary. Both of these will be mentioned further in reports from the National Committees.

Registration: Registration in the Province of Ontario and the Registered Nurses Association of Ontario are entirely separate. We gratefully acknowledge the co-operation of the Director of Nurse Registration in preparing the following information for our report: (1) an amendment to the Nurse Registration Act which was passed in 1938 made it unlawful for anyone to establish, maintain, or conduct a training school for nurses without consent in writing from the Minister of Health. (2) In 1939 reciprocal registration for nurses, based on certain necessary srevices, was established between the Nurse Registration Branch of the Province of Ontario, and the General Nursing Council for England and Wales. A similar arrangement was also made in 1939 with the General Nursing Council for Scotland.

JEAN L. CHURCH,
President.

MATILDA E. FITZGERALD,
Secretary-Treasurer.

Prince Edward Island Registered Nurses Association

A review of the activities of the Prince Edward Island Registered Nurses Association for the past two years shows that all committees have studied their particular problems, and the discussions following have been most interesting and helpful to the members.

Membership: There are 102 members in good standing at the present time and, while there is a slight decrease over the past two years due to the fact that one hospital did not have a graduating class, we expect to reach the 1938 figure before the end of 1940. Fifty-one members attended the annual meeting in 1939.

The Publications Committee has functioned faithfully with the result that we can now proudly boast of 47 subscribers to the official organ of the Association, *The Canadian Nurse*, an increase of 36 since 1938, and is 64 percent of the total number of active members. Through the kind permission of the National Executive, we had the editor with us for our annual meeting in 1939, and her stimulating address spurred many to read, subscribe, and renew their subscription. This doubtless accounts for some of the increase, although much of the credit is due to the untiring efforts of the chairman, Miss Bessie MacKenzie, and her committee.

There has been a sharp rise in enrolment for emergency service. It is with mixed feelings that one reports that practically every physically fit active member of the Association has offered her services to her country. Those who found it impossible, through physical handicaps or home responsibilities, to enroll for overseas service signified their willingness to do their bit in Canada. There is an enrolment of 87, being 17 more than our quota.

The Legislation Committee has been very active and the chairman, Rev. Sr. Stanislaus, has given considerable time and thought to the revision of the by-laws. Following the advice given in the report of the legal advisor, it was decided to postpone opening the Act at this time.

Sections: The *Nursing Education Section* has a small membership as most of the nurses in the Province are engaged in private duty. In the two hospitals in Charlottetown, eight-hour duty for student nurses was inaugurated in November, 1938. One hospital has continued this practice and found it satisfactory; the other hospital had to discontinue it after six months and is now working on a nine-hour duty period. There has been some discussion regarding certain changes in the Registered Nurse Examination system but as yet no definite

report is available. Lectures in public health nursing were given to the students in the two Charlottetown hospitals. While this is considered most inadequate, it is a beginning and the Public Health Department hopes to augment this instruction in the near future.

The outstanding event in the two-year period was the very interesting and instructive refresher course held in Charlottetown in 1938, when we were most fortunate in having Miss Katharine MacLennan, B.A., R.N., from the Alexandra Hospital, Montreal, take the leading part. The main subject "Nursing Care of Communicable Diseases" was apparently what the nurses wanted, as the attendance for exceeded our expectations. We are to have a three-day refresher course this year in conjunction with our annual meeting.

Public Health Section: One of the new activities in public health nursing has been tuberculin skin testing using the "patch" method. Surveys have been made in 106 school districts and 6 Indian Reservations. A total of 6853 people have been tested, 6420 in the age group of nineteen and under, and 149 adults. Clinics were arranged in which the positive reactors were fluoroscoped with a new portable fluoroscope. Scarlet fever immunization of over 1500 children (two-thirds of the school population was done in Charlottetown when an epidemic broke out; 87 percent of the children completed the five inoculations and no undue reactions were reported. After the first two inoculations had been given the epidemic seemed to stop abruptly. A provincial-wide diphtheria immunizing campaign was conducted when 6215 children were inoculated in 471 schools.

Private Duty Section: Several meetings were held throughout the biennial period, at which speakers gave very interesting and instructive talks.

The members of all the committees are most grateful for the assistance given by the Executive Secretary and other members of the National Executive, during the past two years, and we have not forgotten that the then newly-elected President, Miss Grace Fairley, made her first official visit to the Island following the biennial meeting in Halifax in 1938.

INA G. GILLAN,
President.

Association of Registered Nurses of the Province of Quebec

The nurse registration Act, passed in 1920,provides the legal status of provincial registration for those individual nurses so qualified and at the same time creates the Association of Registered Nurses of the Province of Quebec whose objectives are broadly outlined in the following terms: "The objects of the Association are to provide a body of fully trained and competent nurses for the care of the sick, and to provide means whereby those who possess such competency and training may be made known to the public, and also to promote the efficiency, usefulness, and welfare of nurses generally". During the past twenty years, therefore, the officers of our Association have carried a dual responsibility, in their capacity as the Council on Nursing Education for the Province and as administrators of the affairs of the Association as a whole, all of which has been and still is being carried out in two languages. The two distinct national groups work with a common objective, the realization of which can only be reached by co-operative effort. During our twentieth annual meeting, held in May, all reports included a general stock-taking, and if the nurses of the Province of Quebec do not know just where we stand it is not because of lack of endeavour and helpful leadership within the ranks of both groups. At the end of 1939, there were 4064 members in good standing.

Registration: While no amendment to the Act has been attempted since 1925, our committee on legislation is giving the matter careful study. During the nineteenth annual meeting, the by-laws were completely revised, one important feature being the regulations concerning those hitherto considered as "non-active" members. As a result, two groups have been created—(a)

nurses residing in the Province but not practising; (b) nurses registered and practising elsewhere. The members of the first group pay an anuual fee of one dollar, and receive notices of meetings. They are thus encouraged to give their support to the activities of the Association. The members of the second (non-resident) group pay no fee.

The annual survey of the 36 schools of nursing which are approved under the Act, shows that 1930 students are enrolled and that all candidates admitted during 1939 hold at least a high school leaving certificate. In these approved schools, there are a total of 63 full-time and 40 part-time instructors. The number of registered nurses employed in the hospitals which conduct these schools is 1345.

During the past two years, thanks to the efforts of *The Canadian Nurse* committee appointed by the Association, circulation in the Province has been increased by 33 percent.

Annual Meetings: The date of our annual meeting has been changed from January to April or May, and covers a period of two days, including one bi-lingual general business session, and seven sessions in English and French respectively. All sessions are well attended, the total being approximately 1,000.

Sections: Because of the bi-lingual character of the membership, the Sections number six instead of the customary three. Small financial grants to the Sections are provided by the Association, and considerable revenue has been realized by the two Public Health Sections through refresher courses, such funds being earmarked for educational purposes.

The election of the Board of Management, which is composed of ten members with equal representation from both language groups, is carried out by the active members at our annual meetings. This Board has the power to name its own officers, and elect all section and committee chairmen. Chairmen of Sections, who are not members of the Board of Management, are requested to attend its regular meetings at which reports are received and discussed and problems aired.

Educational projects: Perhaps the most outstanding contributions which the Association has made to nurses and nursing during its twenty years of existence has been along lines of education. These include direct financial and moral support to our University nursing schools; the awarding of scholarships to 36 of our members, amounting to approximately $10,000; the provision of numerous refresher courses, both by the Association as a whole and by the Sections as individual groups; and annual personal contact with our schools through which we have raised standards in innumerable ways and removed misunderstandings.

Enrolment for National Emergency: Our activities at Association headquarters have been considerably increased since September 1939. The Enrolment plan, which involved a great deal of extra time and effort, is now in excellent condition and records the names and experience of over 1040 members, of whom approximately 900 are ready to serve their country.

The nurses of Quebec sincerely hope that nothing will prevent the 1942 meeting of the Canadian Nurses Association from being held in Montreal. We trust that peace will be restored before that time arrives, and that we may be permitted to continue our efforts to promote mutual understanding and good fellowship and to respond to the demands made upon us.

E. Frances Upton

Executive Secretary and Registrar.

Saskatchewan Registered Nurses Association

Membership: For the past six years a government regulation has been in effect in this Province which requires that: "all graduate nurses employed on a hospital staff shall be registered in Saskatchewan". Since this regulation became effective there has been a steady increase in membership. At the beginning of this year this reached a

record level, although, because of delay in publication of examination results, this trend was not noted in the membership reported on December 31, 1939. The marked reduction of those in arrears, and increase in the number of nurses taking advantage of inactive privileges, evidences a growing interest in and appreciation of professional responsibilities. This is also apparent in the increase in attendance at annual meetings. Last year, an appeal sent out by this Association to the Board of Directors in all hospitals met with a gratifying response; more than seventeen different centres were represented at the annual meeting. At this Convention, members were also honoured by the attendance of Miss Grace Fairley, President of the Canadian Nurses Association.

Sections and Committees: The reports of Sections and of many of the special committees are noted elsewhere. Because of limitations expressed in the Act respecting admission to the Saskatchewan Registered Nurses Association, the chairmen of the Sections are not members of the Executive. However, they are invited to attend meetings, at the expense of the Association. Grants to Sections are made annually.

Much thought has been given to the functions of the Committee on Enrolment of Nurses for War and Emergency Service. At the outbreak of war, some apprehension was felt regarding the recognition of nurses enrolled. After considerable correspondence with the President of the Canadian Nurses Association, a carefully revised and classified list was forwarded to the Department of National Defence. Contacts were also made with the local military authorities, who expressed approval of the enrolment plan. As requested, a list of changes and additions are now submitted monthly.

In order to meet possible emergencies at home, the Saskafchewan Registered Nurses Association also maintains a list of the names of married and inactive nurses who have expressed their willingness to serve in local areas, if necessary. The advisibility of conducting home nursing classes was considered. To date, this project has not been developed.

Trends and Accomplishments: Studies of conditions and the support of policies affecting professional and community interests have been continued. These have resulted in a marked increase in Association activities. A full-time assistant to the Registrar has been added to the office staff.

In the autumn of 1938 the office of the Association was transferred to the University. The Registrar and School Adviser was appointed as Director of Nursing Education in the University of Saskatchewan School of Nursing. There is evidence that closer contacts with the University have aroused wider interest in nursing and professional problems. Probably a more tangible value of the connection is seen in the reduced cost of operation and in the conveniences of ready contacts.

A representative Advisory Committee on policies affecting schools for nurses has proved of great assistance. Steps taken to maintain and improve standards include the acceptance of the revised regulations governing approved schools and the minimum standard curriculum for Schools of Nursing in Saskatchewan, also for the conduct of registration examinations.

In January, 1939, Grade XI became the minimum educational requirement for registration. Eight out of the eleven Schools in Saskatchewan have now set the minimum educational requirement as Grade XII, and the minimum age for admission as nineteen. All schools employ at least one full-time instructor and a dietitian. In some schools much has still to be done to improve the teaching methods, preparation of personnel, living conditions and hours of duty. In connection with examinations, the personnel of the Board of Examiners has been strengthened, the pass mark raised, and subjects re-arranged. Provision has also been made for a more careful analysis of the qualifications of candidates.

With the realization that standards readily become endangered in a crisis such as we are now facing, this Association has taken steps to protect these. In putting the proposed measures into effect, the support of the Department of Education, the Uni-

versity authorities and of the Saskatchewan Hospital Association is recognized with gratitude.

Among the more specific accomplishments may be mentioned (a) the purchase of a nucleus of a collection of slides for teaching purposes; (b) the approval of a course for male nurses; (c) the completion of arrangements with the Department of Public Health, whereby a course of lectures in Public Health Nursing has been made available to students in all schools in the province. This contribution from the Department of Public Health has been truly characterized as one that: "covers a field of education which should prove of distinct value to the people of the province".

The publication of a leaflet, entitled, "Nursing—a Profession", for guidance of students in preparation for the profession and in the selection of a school, is particularly adapted to meet local needs and opportunities. The compilation of this leaflet was undertaken before it was known that the National Committee on Education of the Canadian Nurses Association had a similar project in mind.

While affiliation with mental hospitals has not taken any definite form, the possibility of it is being kept in mind. At the annual meeting this year this Association was privileged to hear the subject of psychiatry as related to nursing discussed by no less experienced a person than Miss Nettie Fidler of the University of Toronto School of Nursing.

The Saskatchewan Registered Nurses Association welcomes this opportunity to acknowledge with appreciation, the willing and ready spirit in which ideas and information have been shared by other nursing organizations, their officers, and individual members. As we face a future of great uncertainty, we realize that only by such co-operation and unity of action can we hope to support desirable standards and to retain worthy traditions.

ANN MORTON,
President.

REPORT OF STUDY ON RE-NAMING AND RE-ORGANIZING THE SECTIONS

Following the last meeting of the Executive of the Canadian Nurses Association, the preliminary report of this committee was sent to each provincial association for consideration. Apparently the majority of the provinces overlooked the fact that this first report was tentative and have left the discussion of it until their annual meetings. I feel this is an unfortunate oversight, as there may be some confusion when the final report is presented to them for a vote. In sending the finished report to the provincial associations, I would request that the Executive Secretary should clarify that point. Concrete expressions of opinion have been received from all the provinces. Incorporating their suggestions, the following recommendations are presented for consideration:

1. That, for the present, the number of sections in both the National and Provincial Associations be limited to three. Regardless of the classifications herein presented for each section, each member may elect the section to which she wishes to belong.

2. That the name "Nursing Education" be applied only to the Committee

on Education, which would be known henceforth as the Committee on Nursing Education (omitting the qualifying word "National".)

3. That the status of the Committee on Nursing Education be changed, making it henceforth a Standing Committee, the convener of which shall be a member of the Executive Committee.

4. That the present Nursing Education Section be known in the future as the "Hospital and School of Nursing Section". Membership in this Section would be open to persons engaged as:

(a) Hospital executives, superintendents of nurses, or superintendents of hospitals.

(b) Faculty members of Schools of Nursing, principals, teachers, supervisors.

(c) Heads of departments in hospital work, such as operating room, maternity, communicable diseases, children, mental, etc.

(d) Head nurses of hospital wards (administrative and supervision of nursing service as well as some clinical teaching).

(e) Educational advisors or training school inspectors.

(f) Any others especially interested in the problems related to the hospital and school of nursing.

5. That the present name of "Public Health Section" be retained unaltered. Membership in this section would be open to persons engaged as:

(a) Nurses engaged in all types of public health nursing service in the community; bed-side nursing, maternity service, infant welfare, pre-school welfare, school nursing, communicable disease, tuberculosis, venereal disease, mental hygiene, and industrial nursing.

(b) Nurses engaged in out-patient department and clinic services.

(c) Nurses engaged in the various branches of social welfare work in the community.

(d) Any others especially interested in problems related to public health work.

6. That the present Private Duty Section be known in the future as the "General Nursing Section". Membership in this section would be open to persons engaged as:

(a) Nurses employed in the care of individual patients, in home or hospital.

(b) Nurses engaged as general duty, staff, or ward nurses in hospitals.

(c) Nurses engaged in hourly nursing.

(d) Nurses engaged in doctors' or dentists' offices.

(e) Nurses engaged as staff in such institutions as old people's homes, private nursing homes, etc.

(f) Any others interested in problems related to general nursing.

MARGARET E. KERR,
Convener.

Obituaries

AGNES CRICKMAY (Mrs. G. D. Curtis) died at Comox, British Columbia, on June 28, 1940. Mrs. Curtis was one of the first nurses to serve in the Vancouver City Hospital when it was located on Pender Street and afterwards joined the staff of the Royal Jubilee Hospital, Victoria. Prior to her marriage, she established and successfully directed the first hospital ever built in Nelson.

MONA JOHANNA GUBBERUD, died recently in Victoria, after a lengthy illness. Miss Gubberud was a graduate of the School of Nursing of Trinity Hospital, Minot, North Dakota, U.S.A.

ALICE KETCHEN, a graduate of the School of Nursing of the Montreal General Hospital and a member of the Class of 1910, died on August 1, 1940, in East London, South Africa.

REPORT OF THE HOSPITAL AND SCHOOL OF NURSING SECTION

During the biennial term 1938-1940, the secretary (Miss Fraser) and I have attempted to carry on the Section's work. However, it is not easy to follow such people as Miss Lindeburgh and Miss Upton, and we have very little to show of nation-wide significance. The provincial sections, nevertheless, have been doing good work, and some very worth while projects are underway. Refresher courses are becoming more frequent; instructors' groups have been busy; school inspection is becoming better established; provincial minimum curricula are being brought up to date; and very excellent pieces of research have been promoted in some of the provinces. In this regard the two studies conducted by the Ontario Nursing Education Section concerning (1) disinfectants and antiseptics, and (2) text books of value in ward teaching programs, deserve special comment. May I quote one paragraph from Miss Dulmage's report concerning these:

The drug questionnaire revealed an amazing lack of uniformity in both strength of drug and length of time requried to produce disinfection. A complete copy of the summary was submitted to the Council of Nurse Education and it was referred by them to Dr. A. L. McNabb, Department of Health, Toronto. It is hoped that the research work being undertaken by Dr. McNabb and his committee will result in more uniform teaching and ward practice in the matter of disinfectants. The text book questionnaire summary would seem to indicate a fairly unanimous opinion that a medical dictionary, and a text on the principles and practice of nursing and on materia medica are essential on all wards, with texts on nutrition, anatomy and physiology, and charting recommended by a number of the schools; in addition, there should be a text book dealing with the ward specialty. This questionnaire was undertaken with a view of encouraging clinical teaching on the wards and, as a preliminary to such teaching, it is considered advisable to have the essential reference books available on the wards.

The resolution from the Canadian Hospital Council concerning the training of nurses to give certain medical treatments which was forwarded to the Nursing Education Section by the Canadian Nurses Association, has been considered by the provincial Sections, and will be discussed at the Section meeting.

As a result of a questionnaire sent to the nine provincial registrars concerning some Nursing Education matters in Canada for 1940, I had hoped to have some worth while graphs prepared to show just where we stand in regard to the number of schools; the number of student nurses; the qualifications of superintendents, assistant superintendents, instructors and clinical supervisors. Miss Clibborn has kindly taken this over, and has some interesting facts to present, and the questionnaire forms are being given to Miss K. W. Ellis for her use as convenor of the Committee on Nursing and Nursing Education of the Canadian Hospital Council. The replies I have had at the time of writing this report present a definite plea for higher standards of qualifications in employment of nurse personnel; enforcement of post graduate work for staff nurses; need of more University post-graduate courses in Canada; fewer and better schools of nursing; more trained science instruc-

tors; and centralization of pre-nursing science courses.

A business meeting of the Nursing Education Section was held on June 27, 1940, during the General Meeting of the Canadian Nurses Association. Following the reading of the minutes, the chairman's address and the secretary-treasurer's report, the reports of the various Provincial Committees on Instruction were presented and many interesting activities were reported.

The reports of the Provincial Nursing Education Sections were read, and it was decided that the secretary of the Sections should prepare a summary of them, and send copies of it and the chairman's address to the nine provincial sections. It was decided that a letter of congratulation should be sent to the New Brunswick section upon the preparation of the new Nurse Registration Act, which is a very worthy achievement.

The business previously referred to the Provincial Sections which initiated the most discussion, was the recommendation received from the Canadian Hospital Council concerning the preparation of certain nurses to assume the responsibility for the administration of intravenous medications. Dr. A. F. Anderson, the representative of the Canadian Hospital Council, contributed to the discussion, which was led by Miss Fairley. It was argued that only specially prepared nurses in a hospital should assume this responsibility if the need arises, and that the problem confronting us is: "Who is specially prepared, and how can nurses be prepared for this responsibility?" It was unanimously agreed that the chairman of the Hospital and School of Nursing Section should be instructed to seek a conference with the chairman of the Canadian Hospital Council and the chairman of the Committee on Nursing Education of the Canadian Nurses Association, and that the findings should be presented as to the ways and means of meeting this emergency need.

In view of the fact that the name of the Section will, in future, be the Hospital and School of Nursing Section it is recommended (a) that Article 2 (objects) remain the same as in the 1938 revision of by-laws; (b) that the other suggested changes proposed by the Report of Legislation Committee be agreed to, and (c) that Article Ten be amended to include the following clause: "At the invitation of the chairman, one or more members of the executive of the provincial section may participate in an executive meeting, in order to provide a quorum".

The chairman referred briefly to the Nursing Education 1940 poster, and the mimeographed report which has been prepared in this connection. Copies of this report may be obtained by writing to the Executive Secretary of the Canadian Nurses Association.

It was unanimously agreed that in view of the fact that the term "dental nurse" is being used quite widely, that a recommendation should go forward to the Canadian Nurses Association suggesting that the Association be asked to consider the question, discuss it with the University Schools giving courses in dental nursing, and ask that the title of such courses be changed.

The officers elected for 1940-42 for the newly named Hospital and School of Nursing Section are as follows: chairman, Miss Blanche Anderson, Ottawa; first vice-chairman, Miss Eva McNally, Brandon; second vice-chairman, Miss Martha Batson, Montreal; secretary-treasurer, Miss Winnifred Cooke, Ottawa.

AGNES J. MACLEOD,
Chairman.

REPORT OF THE GENERAL NURSING SECTION

The work of the General Nursing Section had all to be done by correspondence as it was impossible to get sufficient members together to form a quorum for a meeting; this was a great disadvantage. Miss Norah Senkler found it impossible to continue as secretary and Mrs. Helen Bollons was appointed for the remainder of the term. Early in the term, a questionnaire was sent to the chairman of each Provincial Section, in an endeavour to tabulate the most pressing problems. The scheme of supervision as a means of teaching was approved but so far no satisfactory solution has been found.

Following a report that women, after taking short courses in certain maternity hospitals, were nursing all types of cases, the Executive Secretary sent a questionnaire to each Provincial Deputy Minister of Health. The questions included one regarding practical nurses — the demand for them, the probable numbers and supervision of them. The answers concerning practical nurses revealed an apparent lack of knowledge of the true situation though it was admitted there was no supervision of these women.

In order to evaluate what the private duty nurses have accomplished, we must bear in mind the handicap under which they work. In an overcrowded field the uncertainty of making a living keeps them in a state of anxiety. If on 12 hour duty, which is still unfortunately allowed, they are too fatigued for either social or association activities. Remember this means an 84 hour week! A 48 hour week is considered long enough for men! When on call, the anxiety of not earning, plus the uncertainty of when a call may come, makes it impossible to plan ahead for anything. Hence the apathetic attitude towards association activities. Considering this situation great credit is really due this group.

Miss Madalene Baker of London, Ontario, was appointed convener of the Publication Committee of the National Section. One article was published in the *Journal*. Miss Baker has put across the idea that private duty nurses are well equipped to write articles on nursing care of unusual and interesting cases. With the co-operation of all concerned this group should contribute something worthwhile.

Miss Theresa Greville, of Winnipeg, was appointed convener of the Education Committee of the National Section. She has submitted an excellent report as will be seen in the following summary of the Provincial Sections. The National Section is greatly indebted to the Education Committee for its splendid efforts:

Alberta: Mrs. Mary Tobin reports 8 hour duty in hospitals in several centres. The private duty nurses are assisting the Red Cross in making surgical supplies. In some centres a fund is maintained for aiding the unemployed nurses.

British Columbia: Mrs. Eva Hansom reports 8 hours duty in most hospitals, but considerable unemployment especially among older nurses. With all it is either a feast or a famine. This Section is hoping that the proposed division of the Provincial Association into Districts and Chapters may make for better organization. The suggested change in the name of this Section and increased membership met with approval. The private duty nurses in Vancouver had the opportunity of hearing many interesting and instructive lectures at the local graduate Nurses Association meetings, and from a course in first aid, sponsored by the Vancouver General Hospital Alumnae, and a

course on nutrition sponsored by the Health and Welfare Education Group.

Manitoba: Miss Theresa Greville reports 8 hour duty fairly well established in hospitals; 12 and 24 hour duty in the home. Many practical nurses are employed for economic reasons. Many registered nurses are not making a living. It is suggested that too many nurses are being graduated. Approximately 400 nurses are accepted for overseas duty and many others are enrolled. Many nurses are assisting their respective alumnae with voluntary Red Cross work.

Educational efforts resulted in the following series of lectures: Cancer and the Cancer Institute of Manitoba; laboratory findings; toxaemias of pregnancy, and diet in health and disease.

Joint efforts of Private Duty and Public Health Sections resulted in several symposiums being held on respiratory and gastro-intestinal diseases; allergys and the allergic patient; cardio-vascular diseases.

New Brunswick: Miss Myrtle Kay reports that there are about 200 private duty nurses in the province. They have only recently established 12 hour duty in hospitals. All home cases are 24 hour duty. There is considerable unemployment.

Nova Scotia: Miss M. A. Leblanc reports about 274 private duty nurses in the Province with no large numbers in any one centre. This fact, and irregular time on and off duty, makes organization difficult. Eight-hour duty has been adopted in Halifax.

Ontario: Miss Freda Fell reports an increase of employment where eight-hour duty has been adopted. Centres reporting decreased employment believe it is due apparently to doctors employing practical nurses; this practice is increasing. There are four organized central registries. Several registries are in hospitals, and a few operate under local Alumnae Associations. Two centres report commercial practical nurse registries. One centre reports a practical nurses' register with an employment bureau. The remainder are found registered in doctors' vest pockets. Salaried service is not offered but is occasionally done. Fifty private duty nurses have been accepted for overseas service; several hundred more are enrolled. At least 92 are engaged in lecturing for the Red Cross. All districts have been busy making supplies for the Army.

Educational efforts throughout Ontario, under the convenership of Miss Bertha M. Miles, deserve applause. An interesting scheme is a map of Ontario with the ten districts in different colours, on which the number of private duty nurses in each city or town will be marked. This is to help reveal the best places to congregate in study groups. Seventy-six lectures were given throughout the Province. A refresher course of four lectures was held in Toronto by the private duty nurses of the Toronto General Hospital and the Western Hospital. Fourteen private duty nurses have taken short refresher courses at the University School of Nursing in Toronto and greatly appreciate the willing co-operation of this School in arranging courses. A one-day course was given at Sarnia General Hospital covering various subjects and procedures.

The Education Committee of the Private Duty Section, R.N.A.O., in combination with twenty doctors is compiling a loose-leaf booklet covering new treatments, drugs, procedures in surgery, medicine, neurology, obstetrics and paediatrics. It is hoped this will be available by autumn in an inexpensive form. Extra pages may be added by individuals.

Prince Edward Island: Miss M. Gamble reports difficulty in organizing a Private Duty Section. Long hours on duty are the chief reason. There are no satisfactory registries.

Saskatchewan: No Report.

Quebec: Miss Marion Dart reports 12 hour and 24 hour duty throughout the Province at $5. and $6. per day. The Montreal nurses made strenuous efforts to get 8 hour duty, but hospital authorities disagreed over the reduced charge for meals. There are about 1,000 private duty nurses in Quebec, many not making a living and the field is overcrowded. The long hours on duty have made organization very difficult. In spite of this, an excellent series of lec-

tures was arranged for which Miss Dart deserves great credit.

Forty-five members attended a business session of the Private Duty Section during the General Meeting of the Canadian Nurses Association. Following the report of the Education Committee, each provincial section was urged to form a similar committee to promote educational projects among private duty nurses. There was lively discussion on eight-hour duty, including how best to secure the co-operation of hospitals and public. A round table discussion on the Re-organization of Registries was opened by Miss Jean Church, with an interesting, informative report on what is being planned in the Province of Ontario. Many helpful, practical ideas were presented in this discussion.

The chairman announced that the name of the Section would now become the General Nursing Section in accordance with the report on re-naming and re-organizing of the Sections as adopted in general assembly on June 25, 1940.

The officers for 1940-1942, elected by acclamation, are: Chairman, Miss Madalene Baker, London, Ontario; first vice-chairman Miss Edith McCabe, Winnipeg, Manitoba; second vice-chairman, Miss R. Hart, Halifax, Nova Scotia; secretary-treasurer, Miss Agnes Conroy, London, Ontario.

May I express my appreciation for the privilege of holding office for this 1938-1940 term, also my thanks to all those who have helped and advised me.

MARGARET I. TEULON,
Chairman.

REPORT OF THE PUBLIC HEALTH SECTION

The chief undertaking of this Section as a whole, during the past biennium, was the assembling of material in each province to provide a picture of the existing minimum qualifications for employment in public health nursing, and the working conditions in the various districts and services. This study was made in collaboration with the Public Health Nursing Section of the Canadian Public Health Association. A limited number of mimeographed copies of the summarized findings of the survey are available for those interested.

During the coming two years, we hope to proceed with the evolution of standards for employment which can be made applicable all over Canada. By way of illustration, our study has shown that in some provinces, the policy of accepting nurses deficient in public health training as permanent staff members is still being followed. Considering the opportunities that are available in Canada for nurses to secure this post-graduate training, there seems little justification for the argument one frequently hears that there are no trained workers available. A further study has been suggested to determine the numbers of qualified public health nurses who could be absorbed annually in existing services.

Each provincial section has sponsored an active program throughout this period. Very briefly summarized, the highlights for the individuals provinces show the following activities:

Alberta: Membership 105. Refresher courses for public health nurses have been organized in conjunction with the Provincial Health Department. In March 1940 the most

recent course was conducted by Miss Brighty.

British Columbia: Membership 175. The first exchange between public health nurses was arranged between Miss Dorothy Shields of Vancouver and Miss Geraldine Uniacke of Hamilton, New Zealand. A special committee made a study of the relationship of social work and public health nursing. An experimental refresher exchange was arranged whereby a public health nurse of several years' experience studied new developments in hospital techniques while an institutional nurse substituted in her district. Papers were prepared and presented by nurse members at special meetings. Doctor Ranta's address on the modern conception of scarlet fever has already been published in *The Canadian Nurse*.

Manitoba: Several courses of lectures to such varied groups as foster mothers, youth training centres, and the school for domestics, were given by public health nurses. For the nurses themselves, a series of interesting lectures were arranged. In 1938, a debate was part of the program, and in 1939 a series of six discussions on child study were promoted.

New Brunswick: During 1938, the public health nurses gave able assistance in an extensive case-finding tuberculosis survey wherein nearly 9000 examinations were made. It is of interest to note that there has been no smallpox in this province for the last ten years. A refresher course organized under the leadership of this section was very well attended. The death of Miss Dykeman, Provincial Director of Public Health Nursing, was noted with regret.

Nova Scotia: Membership 70. The development of the Cape Breton Island Health Unit is of outstanding interest to public health nurses. The formation of a functioning public health section in the provincial association is being considered.

Ontario: Membership 700. In each district public health sections have held meetings at regular intervals. In addition, full section meetings have been held annually to give inspiration to all branch groups of public health nurses.

Prince Edward Island: Membership 5. Though small in number this group has been active in provincial affairs, providing a symposium on communicable disease at one refresher course, and at another, on tuberculosis and mental hygiene.

Quebec: Membership 523. Two refresher courses, which were arranged for public health nurses, were so well attended that the receipts are to be applied towards a scholarship for a nurse to take her public health course. There has been an increasing demand for nurses with the post-graduate training in public health. The French Public Health Section has a special committee studying the problem of nurses who are unemployed. Special attention is being given to the needs of the group engaged in industrial nursing.

Saskatchewan: Two active sub-sections have held frequent meetings. Each has made an intensive study of recent publications, both books and public health magazines. Outside speakers have been invited to address some of their meetings on such interesting topics as co-operation with social agencies; Y.W.C.A. Work; tuberculosis; nutrition; hobbies. Members have participated in refresher course programs.

In this time of national emergency every public health nurse in Canada is prepared to devote herself in every way feasible, to stimulating an interest in and to actively promote programs not only for the maintenance of the health of our country at its present level, but wherever possible to ensure the development of increased health facilities.

A meeting of the Public Health Section was held in the Palliser Hotel, Calgary, on Thursday July 27, 1940, with the chairman, Miss Margaret Kerr, presiding. Approximately eighty members were present. In the chairman's address, stress was placed on the fact that, as never before, unity of effort was needed among all public health workers, for it was felt that in a win-the-war campaign, the health of a nation was of utmost importance.

A report of a study of the minimum qualifications for public health nurses was presented by Miss Margaret Kerr. The report included two recommendations: (1) that the Public Health Section, in meeting assembled, go on record as approving collaboration with the Public Health Nursing Section of the Canadian Public Health Association in the preparation and adoption of definite standards for the employment of public health nurses; (2) that a special committee, consisting of a core committee in one province, with corresponding members in the other provinces, be appointed to carry on the study. As the findings of the study were based on information from questionnaires it was decided that provision be made for a supplement to the report and at time of publication of the report, notice be given of the supplement to follow.

An interesting paper on the subject "Mental health in a public health program; what a public health nurse can do" was given by Miss Lyle Creelman, supervisor of school nursing, Metropolitan Health Committee, Vancouver.

To assure a quorum for executive meetings of the Section, Article Ten of the by-laws was amended by an additional clause:

At the invitation of the chairman, one or more members of the executive of the Provincial Section may participate in an executive meeting, in order to provide a quorum.

Officers elected by acclamation for 1940-1942 are: Chairman, Miss Margaret Kerr, Eburne, B. C.; vice-chairman, Miss Winnifred Dawson, Saint John, N. B; secretary-treasurer, Miss Lyle Creelman, Vancouver, B. C.

MARGARET KERR,
Chairman.

A Message from the Matron-in-Chief

EDITOR'S NOTE: *On July 24, Elizabeth L. Smellie, C.B.E., R.R.C., was appointed Matron-in-Chief in Canada of the Royal Canadian Army Medical Corps. On the same day, the Canadian Broadcasting Corporation invited Miss Smellie to speak about her new duties, but since this address had to be given at short notice, many nurses did not hear it. The Journal is privileged to publish it herewith.*

Good afternoon and greetings to all nurses and friends throughout Canada wherever you are and whatever you are doing! Some of you may be responsible for this broadcast. Others may appreciate knowing what it's all about. And that is what I aim to tell you. On request of the Department of National Defence the Victorian Order of Nurses for Canada is granting me leave of absence and releasing me for military service. This doesn't mean I shall be completely out of touch with the work of the Victorian Order. But now it will be my responsibility, acting under the direction of the Director General of Medical Services, as Matron-in-Chief in Canada of the Royal Canadian Army Medical Corps to assist in mobilizing and building up the army nursing service.

Immediately after war broke out, telegrams and messages pledging the willingness of the Canadian Nurses Association to serve were despatched by our National President, Miss Grace

Fairley, to the Prime Minister, the Minister of National Defence and the Director General of Medical Services. Moreover, individually and through the Joint Committee on Enrollment of the Red Cross and the Canadian Nurses Association, the names of hundreds of nurses already enrolled were forwarded to military headquarters. Now there are 4,080 fully qualified nurses registered and ready to serve at home or abroad.

For admission to the Army Medical Corps a nurse must be a British subject and physically fit for military service, under forty-five, unmarried or a widow without children, a graduate of a school of nursing accredited by the Canadian Nurses Association, and registered in a Provincial Registered Nurses Association. Provided they hold the necessary qualifications all hospital graduates have equal opportunity to enlist. During the last war many nurses served with the Canadian Army in England, France, Belgium and in the East. Some went over as members of the British nursing service and were later transferred to the Canadian Expeditionary Force. Others were attached to the French Army and still others to the American Expeditionary Force, probably in the neighbourhood of 3,000 all told. There was also a long waiting list of these ready and eager to serve.

A great number of returned sisters are now giving outstanding leadership in hospitals and public health and welfare organizations. Some entered the Civil Service or adopted business careers. Others married, and their sons and daughters are now offering their services for King and Country. A few, unfortunately, have disabilities or have been unable to secure suitable employment. We have scattered, too, but the experience we shared is a common bond which has kept us united through all this time. That comradeship of spirit is possibly the best thing that came out of the war.

Most veteran nurses find it a little difficult to content themselves with knitting socks or making dressings. But looking back we realize what all these things meant to the men. Remember the gaily coloured utility bags and the enthusiastic comments on the pyjamas and the dressing gowns and the various other things sent on from Canada! I'm a little doubtful whether the men asked who or what organization was responsible for them. It was enough that they came from the folks at home.

Possibly I shouldn't wander, but speaking of the wards brings back memories—those treasured photographs we were so frequently called upon to enthuse over, of families, large and small, babies of all ages, beloved fiancees, even of the man himself sitting stiffly with his wife's hand resting possessively on his shoulder. And I can still see quite vividly a Scotsman sitting up in bed reading extracts from a letter—to anyone about who was willing to listen—and this remark: "Sister, my wife says the men are all gone to the front. There isn't a decent shape of a man left in the village."

And some of you at Treport may remember the A & S Highlander who was so delighted to be in a Canadian Hospital and so anxious to give some expression to his feelings before he left for "Blighty". He was busy all day long in the little square of ground outside the entrance to the tent. He worked hard with his one hand and he didn't welcome intrusion although he did really need occasional help. Finally this imposing inscription greeted us, outlined in small white stones: "Scotland forever—Canada three days longer!"

But now a word to the *new* nursing

sisters—your predecessors offer you greetings and good wishes. I suppose you will have your own distinctions, as we did. The nursing sisters who went over in the autumn of 1914 were generally known as the "Mayflowers"; the reinforcements who came along in a few months were dubbed the "Cauliflowers". I was a cauliflower. We said we mightn't be as ornamental as the the Mayflowers, but we thought we could do perhaps as good a job! And I shouldn't forget to mention the "Holy Fours",—they were a good lot too! And don't be resentful if, as we veterans pass you by, we reveal extraordinary interest in your uniform and tell you we wish we were going again, because we do so, scarcely realizing how much water has run under the bridge since 1918, even if some of us were mere flappers when we went overseas.

The nursing sister is fortunate in that she isn't—as the men often are—cut off from her regular work. She keeps on with her chosen profession, and she faces an opportunity of invaluable experience not only in nursing but in learning to understand humans—and if she is ready to give as well as to get, there are certain intangible qualities she is bound to acquire even in the midst of war. The Canadian sisters who served in South Africa and in the last great war established a fine tradition and a high standard of service which you will wish to maintain. Skill in nursing techniques and knowledge of well-established professional standards are scarcely enough. A nursing sister no matter where she is still represents the spirit of nursing and Canadian womanhood. Beyond rules and regulations, there is an individual code to abide by on or off duty. One thing we know—the Canadian nurse will be well taken care of—the Army sees to that.

Matron-in-Chief (Overseas) Emma Pense, R.R.C., is in London at Canadian Military Headquarters to administer the overseas nursing service. She was a member of the First Contingent to go overseas in 1914; and she represented Canada at the Coronation of His Majesty The King. She has served continuously in the Army Nursing Service since the last war, more recently as Matron of the Kingston Military Hospital.

These days I often think of those two able women, Miss MacDonald and Miss Rayside, who guided our destinies throughout the last war, overseas and at home—each in her own way a tower of strength and an outstanding leader. It requires courage and some presumption to attempt to follow in their footsteps but with your help I shall do my best.

To the nurses and members of the Victorian Order, au revoir! The work of the Order will always be close to my heart. In bringing nursing care to the sick in their own homes you play your part in keeping up morale in these disheartening times. V.O.N. service is for all who need it, not forgetting the wives and families of the men overseas. You are helping to strengthen Canada's second line of defence through your work in improving social conditions for the coming generation. A special word of greeting to my associates of French origin. I would dearly like to talk to you in French but I know it's actually kinder to refrain because my pronunciation is far from perfect. But I do send you my warmest greetings.

Now to each and everyone wherever you may be serving—good nursing and good luck! Each of us must in our own way carry on with courage and determination. You will remember the closing sentence of His Majesty's address:

"Put into your task, whatever it may be, all the courage and purpose of which you are capable. Keep your hearts proud and your resolve unshaken. Let us go forward to that task as one man, a smile on our lips and our heads held high, and with God's help we shall not fail.

The Control of Cancer

J. S. McEachern, M.D.

It is a privilege to address the Canadian Nurses Association. You constitute the greatest ally of my own profession. You are devoted to the task of protecting Canadian homes against the menace of untimely death, whether it appears in the form of wounds or of disease. Essentially your task is the same in peace as it is in war. It is not my purpose to address you in your rather impersonal position as an organized body, but rather as individual members of a profession who, as individuals, exert an incalculable influence over the lives of the Canadian people.

Today I come before you, not as a doctor, but as the representative of an organization of lay Canadian people—The Canadian Society for the Control of Cancer. Each year some 12,000 Canadian people die an untimely death from cancer. Roughly one-half of these deaths were potentially preventable. In each the disease began in an accessible region. Known and proven curative measures in the form of surgery and radiation were available. Had these measures been applied in time a large proportion of them could have been saved. Treatment was not applied in time largely because the ignorance of the victim caused him or her to delay until too late. One of the aims of the Canadian Society for the Control of Cancer is to dispel this ignorance and replace it with enlightenment. In the hope of bringing this about, it appeals for aid to all intelligent men and women who have the welfare of their fellows at heart. In particular it appeals to those, who are equipped not only with intelligence but with knowledge to help in the fight. That is why we appeal to you.

We have spoken of cancers which begin in an accessible region. What is meant by the term "accessible"? From the standpoint of diagnosis it includes areas in which the diagnosis can be made by the aid of the eyes and the fingers alone. An outstanding example is primary cancer of the skin. Other examples are cancer of the breast; cancer of the uterus. All of these are accessible without qualification. From the standpoint of treatment all cancers, which can be widely removed by surgery or if desirable may have radiation directly applied to them, are accessible.

In 1938 there were in Canada 6,130 cancer deaths in females. Of these 2,207 died of cancer of organs peculiar to their sex. In other words, 36% of these women died of cancer in accessible organs just because they were women. In greater detail there were of cancer of the breast 1196; cancer of the body of the uterus 626; and cancer of the cervix of the uterus 385 cases. Some knowledge regarding the possible significance of warning signs might have impelled them to seek aid in time. Who could have imparted that knowledge to them

better than other women? What women better equipped by reason of knowledge, opportunity, and the confidence of womankind than are graduate nurses?

This, then, is the reason that the consideration of accessible cancers is limited for the purpose of this discussion to cancer of the uterus and cancer of the breast. Is it too much to ask that you, the individual Canadian nurse, make it your special responsibility to deliberately seek the opportunity to instruct women of all ages with whom you come in contact, regarding the early signs of cancer in these special organs?

If you undertake this you will not be limited to parrot-like repetitions of vague generalities, such as: "If you discover a lump in your breast, consult your doctor." You can impress upon each woman that once every month during her lifetime, say on the first day, that she carefully examine her breasts to search for any lump. Teach her how to examine them by palpating successively each area of the breast with the palmar aspect of the fingers, pressing the breast against the underlying chest wall. Her fingers are likely as sensitive as the fingers of a doctor. If no lump can be felt in this way she may rest secure that she has no cancer in her breast. If, on the other hand, after months or years of such care some day she does discover a lump she will have the comforting knowledge that the discovery is made early. The lump may not necessarily be a cancer. Then and only then need she consult a doctor. It will be his responsibility to advise her correctly. It will be her responsibility to follow his advice.

In educating women with regard to early signs of cancer of the uterus it is necessary to overcome ancient superstitions. One of these is that irregular bleeding at the menopause must be accepted as a matter of course. Another is that years after the menopause the lost menstrual function may be reestablished. It cannot be urged too emphatically that the irregular occurrence of bloody discharge after the menopause, especially if accompanied by a leucorrhoeal discharge between the appearance of blood, should be immediately investigated by a physician. This investigation should involve not only a bimanual examination but a visual examination. In some cases it may be necessary to remove a small specimen of suspected growth for microscopic examination in order to settle any doubt.

It is not only after the menopause that cancer of the uterus may develop; it may occur at any age. When it does the earliest sign is not pain. It is the occurrence of irregular bleeding. This may be and usually is at first, a slight spotting. More rarely the first sign is profuse haemorrhage. Prompt, complete examination by her physician is the only certain way to determine the nature of the trouble. It will be the responsibility of the physician to decide whether the cause is cancer or a simple condition.

The hopelessness of any form of treatment as a curative measure in advanced cases of cancer is well known to all. Less well known is the fact, that treatment applied early in cases where the disease attacks the breast or the uterus, offers the prospect of permanent cure in a large percentage of them. There are in Canada today hundreds of women who underwent operation for cancer of the breast, five, ten, or more years ago, who still remain well. If we include the United States, the number of such women runs into thousands. Careful follow-up records of cases subjected to early operation in North America and European Clinics show that more than 75% of them were alive and well at the end of five years. The

same statement is true when we consider cancer of the body of the uterus.

Until radiation, in the form of radium and high voltage X rays became available as a form of treatment, the outlook for the woman with cancer of the cervix of the uterus was gloomy in the extreme.

In the annual report of the League of Nations Health Organization published in 1939 on the results of radio therapy in cancer of the uterine cervix during 1932 and previous years, a study of 7,958 treated cases is presented. These were from sixteen radio therapeutic centres and included patients in all stages. After the lapse of five years from the date of treatment over 27% were alive without any recurrence. But of those who came under treatment during the first stage of the disease over 57% were alive and well. By contrast the cure rate for cases in stage 4 is under 6%. No other comment to emphasize the need for early recognition and treatment is called for.

She who calls the attention of the potential victim to the warning signs of cancer in these organs peculiar to her sex can also carry a message of hope.

EDITOR'S NOTE:

This article is the substance of an address delivered by the author to the Canadian Nurses Association at its biennial meeting. Dr. McEachern is the president of the Canadian Society for the Control of Cancer, and a former president of the Canadian Medical Association.

AN INTERESTING APPOINTMENT

MAUDE H. HALL

Following the appointment of Miss Elizabeth Smellie as Matron-in-Chief in Canada, the Executive Council of the Victorian Order of Nurses for Canada has named Maude Helen Hall as Acting Chief Superintendent during Miss Smellie's absence. Since 1929, Miss Hall has served as assistant to Miss Smellie and is therefore thoroughly familiar with the work of the Order and eminently capable of directing it.

Born and educated in Ontario, Miss Hall is a graduate of the School of Nursing of the Johns Hopkins Hospital, and has taken the course in public health nursing given by the School of Nursing of Toronto University. From 1917 to 1919 she served in France as a Nursing Sister with Base Hospital No. 18, the Johns Hopkins Unit. After practising for two years as a private duty nurse, she became a member of the nursing staff of the Massachusetts Halifax Health Commission. Then

came two years with the Department of Health in Toronto, followed first by her appointment as supervisor in the Instructive Visiting Nurse Society in Washington, and later as director of the Visiting Nurse Association of Holyoke, Mass. In 1928, Miss Hall joined the staff of the Public Health Clinic of Dalhousie University, and in 1930 became assistant superintendent of the Victorian Order of Nurses for Canada.

Always keenly interested in nursing organizations, Miss Hall is a life member of her own Alumnae Association. She is also a member of the Canadian Public Health Association, and served for two years as chairman of District 8, Registered Nurses Association of Ontario. In a recent letter, written while she was taking a brief holiday, she speaks of the joy afforded her by long tramps which reveal a new countryside, or lead to the re-discovery of old haunts. When she is in town, and the day's work is done, her chief pleasures and relaxation are reading and the theatre. Furthermore, she has "a small apartment, where I live alone, and like it."

Her work with the Victorian Order has always brought her profound satisfaction, she enjoys the contact which it affords with its ninety branches, and has established cordial relationships with the Board Members in all parts of Canada. Her appointment is heartily welcomed by her fellow-nurses and there is every prospect that under her able direction, the Order will continue to render increasingly valuable service to the people of Canada.

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Miss Thelma Steeves, who has just completed the course in Public Health Nursing at the School for Graduate Nurses, McGill University, has been appointed to the position of nurse-in-charge of the branch at Digby, Nova Scotia. Before taking the course Miss Steeves was employed by the Halifax staff.

Miss Ivy German, graduate of Mack Training School, St. Catharines General Hospital, and of the course in Public Health Nursing at the School of Nursing, University of Toronto, has been appointed to the Sudbury staff.

Miss Inez Rickinson, graduate of Victoria Hospital, London, and of the course in Public Health Nursing, University of Western Ontario, has been appointed to the Timmins staff.

Miss June Doig, who has just completed the course in Public Health Nursing at the School of Nursing, University of Toronto, has been appointed to the Kingston staff. Miss Doig has done relief work for the Order on several occasions.

Miss Arlie Wright has been transferred from the Cornwall staff to the position of nurse-in-charge of the Leamington branch, replacing Miss Marion Spence.

Miss Helen Ferguson of the Border Cities Staff has been appointed nurse-in-charge of the Yarmouth, Nova Scotia branch, replacing Miss MacKenzie.

The following nurses have submitted their resignations from the Victorian Order of Nurses for Canada, to be married; *Miss L. Jean Axford* resigned from the Kingston branch; *Miss Marion Spence* resigned from the Leamington branch; *Miss Anna MacKenzie* resigned from the Yarmouth branch; *Miss Maud Carter* resigned from the Digby branch; and *Miss Edith Richardson* resigned from the Timmins branch.

MAGNIFICENT BEHAVIOUR

Tribute to the magnificent behaviour of the Army's nurses during the evacuation of Dunkirk is paid by the captain of one of the hospital ships in the following letter to the Matron-in-Chief of the Queen Alexandra's Imperial Military Nursing Service:

As captain of this ship I should like to give expression to my admiration and deep regard for the nursing sisters aboard. We have recently made two trips to Dunkirk and two to Cherbourg, in each case being the last hospital ship to enter and leave the ports. Our second trip to Dunkirk was under extremely severe conditions, bombs and shells dropping all about us and men being wounded and killed alongside our ship on the pier. We had numerous narrow escapes and a nerve-racking experience.

During all this our nurses were really splendid; never a sign of excitement or panic of any kind. They just carried on under the able leadership of our matron, calmly and efficiently. I feel quite sure that their magnificent behaviour was an important factor in steadying the members of the R.A.M.C. personnel with whom they worked.

British Journal of Nursing

THE ROYAL COLLEGE OF NURSING

British Nurses from Paris and Jersey: The Council of the Royal College of Nursing heard at a recent meeting how eleven British nurses who fled from the Hertford British Hospital in Paris, and four nurses from the St. Helier Hospital in Jersey, had been advised and helped on arrival in this country. All had gone through a time of great difficulty and discomfort, and the Jersey nurses, three probationers and a trained nurse, had arrived almost destitute. Hospitality was arranged at the Cowdray Club, and when they were rested the trained nurse was able to join the Civil Nursing Reserve, and the probationers are continuing their training at the Royal Free Hospital. Most of the Paris nurses have since enrolled in the Civil Nursing Reserve.

Industrial Nurses in the News: Officials of the Royal College have had the opportunity of discussing various aspects of industriel nursing with Dr. Bridge, Senior Medical Inspector of Factories, who, with Mr. Leggett, Chief Industrial Commissioner, Ministry of Labour, addressed an open meeting at the College on matters connected with the new Factory and Welfare Advisory Board set up to mitigate the strain on the workers of the present munitions drive. In consultation with Dr. Bridge, the College has arranged a concentrated three weeks' course of instruction for industrial nurses, two weeks theoretical and one week practical, to meet the present urgency. Meanwhile the Scottish Board of the Royal College of Nursing is working on similar lines.

A WORD OF EXPLANATION

The news story of the biennial meeting of the Canadian Nurses Association, which appeared in the August issue of the *Journal*, had to be written at top speed in order to "make the deadline". The editor sincerely regrets that there were some errors and omissions and wishes to make amends. Dr. J. M. MacEachern was mentioned as representing the Alberta Medical Association. This, of course, was not correct, Dr. MacEachern represented the University of Alberta. Owing to an unfortunate clerical error due credit was not given to Mrs. Selby Walker for her fine work in arranging for the musical program which we so thoroughly enjoyed.

Overseas Nursing Sisters Association

The seventh biennial meeting of the Overseas Nursing Sisters Association of Canada was held on June 26, 1940, at the Palliser Hotel, Calgary, following a luncheon, at which members and delegates were guests of the Alberta division of the national association. Mrs. E. C. Higginbotham, president of the Calgary branch of the O.N.S.A., and Mrs. John Turner, president of the Edmonton branch of the O.N.S.A., welcomed the guests, and Mrs. H. C. Ironside, national president, made a fitting reply. About 65 members were present. The reports from the various units represented showed that they were keenly alert to the present needs of our Empire. All are actively engaged in war work through the Red Cross. A spirit of united effort and a willingness to serve again in any capacity was shown.

By a majority vote, steps are to be taken to effect affiliation with the national body of the Canadian Legion Branch of the British Empire Service League. Our constitution and by-laws are to be revised by a committee under the convenership of Miss Edna Moore, A.R.R.C., of Toronto.

The portrait of our Matron-in-Chief, Miss Margaret MacDonald, R.R.C., L.L.D., is now completed. She is shown wearing the mess uniform; the frame of the picture is described as being very beautifully hand carved, gilded and burnished by hand by the artist, Sister Rosalee of Mount St. Vincent College, Halifax. Steps will be taken later to have this portrait hung in Ottawa. We all regretted the absence of Miss MacDonald, whom we had hoped to have present. However, her address was forwarded and read to us. She expressed her disappointment in not being present to enjoy a happy reunion with the Nurs-

ing Sisters of the Great War, to whom she gave great praise. Referring to the portrait, she said she was very grateful and immensely pleased; she viewed it in the light of a tribute to the Overseas Nursing Sisters, any and all of whom it may represent in the future. To the convener, Miss Haliburton, she gave credit for the accuracy of detail and gratefully acknowledged her painstaking efforts. A cable was received from Miss Emma Pense, R.R.C., Matron-in-Chief in England, sending greetings from the Overseas Nursing Service. Greetings were also received from Miss Edith Rayside, C.B.E., R.R.C., one of our honourary presidents. After the singing of the National Anthem the members proceeded to the home of Mr. and Mrs. John Burns, where Mrs. Burns was hostess at a delightful tea.

On June 27, after laying a wreath at the Cenotaph in memory of those who gave their lives in the Great War, the Sisters were guests at a luncheon given by the Garrison Officers' Mess, C.A.S.F., at the Armouries. This function was presided over by Major Littleton. Brigadier Connolly, officer commanding Military District No. 13, and his staff welcomed the guests. This was a happy occasion recalling similar events in the years gone by.

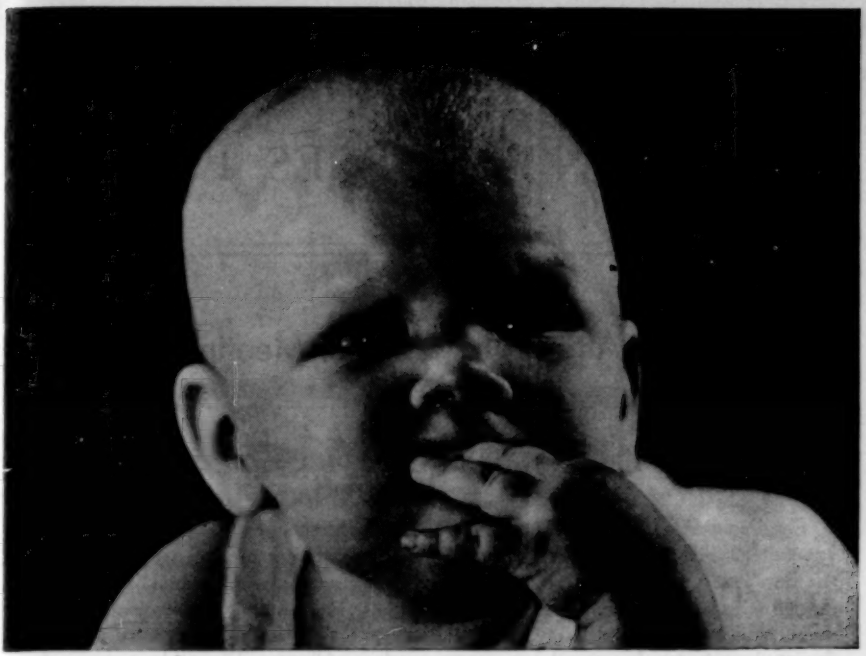
We also had the opportunity of attending the social events held in honour of the Canadian Nurses Association and of hearing the splendid speakers. We will not soon forget the address, "The Threefold Challenge" delivered at the banquet on Wednesday evening by Dr. A. Vibert Douglas, M.B.E. The festivities were climaxed by a garden party at the Central Alberta Sanitorium, beautifully situated on the Bow River. Here farewells were said reluctantly, many hoping to meet again at the next Biennial Meeting at Montreal in 1942.

MAY CRUMMY,
National Secretary,
Overseas Nursing Sisters Association.

The annual Summer Meeting of the Vancouver Unit of the Overseas Nursing Sisters Association, held recently at the home of Mrs. S. Shepherd and Miss K. Conway Jones at Lulu Island, took the form of a picnic. Forty nurses were present, including several visitors, among whom were Mrs. Graham, Miss Henderson of the Q.A.I.M. N.S.R., and Miss Bibby, formerly matron of Tranquille Sanatorium. Funds were contributed for the purchase of blankets for the Red Cross. A most delightful afternoon was spent and a vote of thanks was tendered to the hostesses, whose hospitality has been so often a source of pleasure to the members of the Association, and to the social committee in charge.—E. E. Lumsden

Calgary Unit:

Miss Lillian Bibby, supervisor of Calgary Branch Victorian Order of Nurses, has been granted leave of absence for military nursing service. She is at present stationed at Currie Barracks, Calgary.



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STUDENT NURSES PAGE

We Attend the Biennial Meeting

M. Elizabeth Clendenan *and* Helen E. Jamison
Student Nurses
School of Nursing, University of Alberta Hospital

The reporting of the Calgary convention affords us an opportunity to tell our fellow students about some of the inspiration, instruction, and enjoyments which were ours as delegates of our student body. In attendance were scores of nurses of long experience, holding important positions and well known across Canada. These leaders of our profession derived much benefit and pleasure from the sessions, so one can imagine what it meant to us as student nurses. One of our instructors said "you will learn a great deal" and we now know how true were these words.

The reports of the executive members and the standing committees gave us a link with past conventions. Following this session we viewed the commercial and professional exhibits. Numerous new books and drugs were being shown in which we were all greatly interested. The afternoon was spent in listening to reports of special committees on such topics as exchange of nurses; history of nursing; insurance; and community nursing. We took notes on these reports that we might carry back to our fellow students the problems which concerned such a convention.

Tuesday evening was to us one of the highlights of the convention. Miss Rae Chittick introduced the speakers, among whom were many of Alberta's outstanding men who welcomed the delegates of the convention to Calgary and to Alberta. The address given by Mrs. Rex Eaton dealing with the problem of the eight-hour day was of tremendous interest to us and we could picture the graduates of the future working under circumstances which offered for them the ideal life. The reception which followed enabled us to meet many of the nurses. At first we felt very young and inexperienced, but the friendly spirit prevailing included us and made us feel quite at ease. We met some recent graduates from other hospitals and enjoyed talking to them of student affairs.

On Wednesday morning we heard constructive reports on the re-naming of the three Sections and the work of the National Committee on Education. We were greatly interested in Miss Lindeburgh's presentation of the new Supplement as we were already familiar with the Curriculum, and the discussion of the patient assignment method brought the discussion very close to our realm of thought and activity. We also thought of the pamphlet, 'Should you wish to

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become a nurse' as a very helpful and stimulating guide to the prospective student nurse. In the afternoon an interesting report on *The Canadian Nurse*, presented by the editor, made us realize what a bond the *Journal* has become and what an integral part of the life of any nurse it must be.

One of the thrills of our convention experience was the banquet hall, its gaily decorated tables all expressing the spirit of the West. The magnificent address of Dr. Vibert Douglas, "The Threefold Challenge" deepened our measure of responsibility and made us consider our professional duties in a much broader light.

When the Sections divided for consideration of their individual problems the following day, we chose to go with the Public Health Section that being the branch of nursing in which we were most interested. The entire meeting, led by Miss Margaret Kerr, chairman of the section, gave us an insight into the public health world which we never before experienced. In the afternoon a discussion on the eight-hour day for nurses proved a live topic for all present. That evening we thoroughly enjoyed a lecture and moving pictures of life at International House in London, presented by two students who had recently taken the courses offered under the auspices of the Florence Nightingale Memorial Foundation.

On Friday morning we listened to the reports of the Provincial Registered Nurses Associations and realized more clearly the problems of the organizations and what an honour it will be to write "R.N." after our names. The afternoon was devoted to a discussion of nursing in time of war, a vital present day topic, and safeguarding Canadian nursing standards of education and service.

In the late afternoon we were guests of the Sanatorium at a lawn supper and, together with other students of the other Alberta Schools, in uniform, we assisted in serving the guests. It was a most enjoyable function and we reached the climax of expectation when we were presented to Miss Grace Fairley, the president of the Canadian Nurses Association. Throughout the week, our admiration for her inspiring and capable leadership mounted, and it was indeed a pleasure and an honour for us to meet her personally.

We wish to thank the members of the Canadian Nurses Association for the honour of attending the convention. It was an experience which will never be forgotten, and may we suggest that, in future, a greater number of student nurses be selected to attend as delegates from their respective training schools. We are certain that they, too, will derive great help and professional stimulus.

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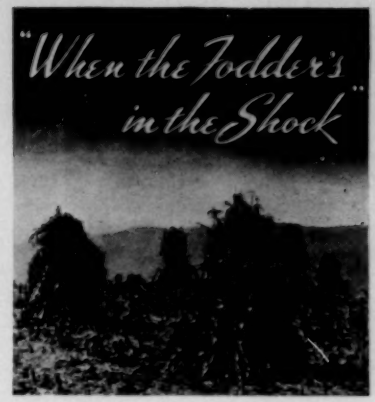
BOOK REVIEWS

HISTORY OF THE SCHOOL FOR NURSES OF THE MONTREAL GENERAL HOSPITAL,

by H. E. MacDermot, M.D. F.R.C.P. (C). Published by The Alumnae Association of the School for Nurses of the Montreal General Hospital Printed by the Southam Press. Copies may be obtained from the Training School Office of the Montreal General Hospital. Price, $1.75 postpaid.

Every now and then a book comes along which gladdens the heart of a reviewer and the History of the School for Nurses of The Montreal General Hospital is one of them. Bound in the rose-pink monogrammed material of which "M.G.H." uniforms are made, and beautifully printed by the Southam Press, the History is a delight to the eye. This volume is true Canadiana — as Canadian as a maple leaf, and the Alumnae Association showed fine discrimination in the selection of Dr. H. E. MacDermot as the historian. He displays not only a fine sense of nursing values but also a certain zest which makes his narrative vivid and moving as well as thoroughly authoritative.

A general idea of the content of the book may best be obtained by reading Mary Mathewson's extremely able article "Fifty Years of Nursing at the M.G.H." which appeared in the April issue of *The Canadian Nurse*. The same general themes have been richly developed by Dr. MacDermot and are set against the colorful background of the early years of the nineteenth century, when the "M.G.H." was young. The story of the development of the School of Nursing, as distinct from the Hospital, constitutes a most valuable contribution to the history of nursing in Canada. As might be expected, the dominant figure is Gertrude Elizabeth Livingston. (No, her name was *not* Nora, and she was *not* a Canadian). The author has given us a living portrait of this remarkable woman, unspoiled by either flattery or sentimentality, and has allowed her to



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speak for herself in a striking series of her own letters. Not long ago it was this reviewer's privilege to hold the originals in her hands and to read them without benefit of editing. In spite of the yellowing pages, they still retain "the Nightingale touch" and, when the time is ripe, they should be made available in their entirety. In the meantime, Dr. MacDermot has provided a foretaste of the feast to come.

The Alumnae Association deserves the gratitude of all Canadian nurses for making this History available to us all. No better means could have been devised of marking the celebration of the fiftieth anniversary of the founding of the School where an honourable tradition has been established and is being consistently maintained.—E. J.

PHYSIOLOGY AND ANATOMY

by Esther M. Greisheimer Ph., D., M.D. Professor of Physiology, Woman's Medical College of Pennsylvania. Fourth edition, revised. 850 pages. Illustrated. Published by the J. B. Lippincott Company; Canadian Office, Medical Arts Building, Montreal. Price, $3.00.

As a result of extensive revision, this thoroughly reliable textbook has been considerably expanded and strengthened. The subject matter has been grouped into five units which include the body as an integrated whole; the erect and moving body; integration and control of the body by the nervous system; maintaining metabolism; the reproductive system. In former editions, the chapter dealing with embryology appeared at the beginning of the book, but this has now been incorporated with Unit Five (the reproductive system) to good advantage from a teaching point of view. The anatomy of a system is presented first, and then the physiology, thus providing a close integration of the two fields if they are to be presented in a single course. The text separation of the two subjects also makes it possible to use the book for separate courses.

Dr. Greisheimer evidently understands the difficulties experienced by students who have little or no knowledge of chemistry and physics. She therefore includes some material which really belongs to other courses and, at the end of many chapters certain practical considerations are presented which are related to the pathologic conditions of every-day life.

PNEUMONIA, AND ITS NURSING CARE,

by H. K. Ensworth, M.D. Instructor in Medicine, Cornell University; and Lela Greenwood, R.N., Instructress of Nurses, Bellevue Hospital, New York. 177 pages. Illustrated. Published by the J. B. Lippincott Company, Canadian Office, Medical Arts Building, Montreal. Price, $1.50.

The development of new and improved methods of treating pneumonia has been so rapid that a compact reference for immediate use is necessary. The J. B. Lippincott Company is to be congratulated upon publishing this monograph, which will serve as a reliable guide in nursing patients whose recovery depends in so large a measure upon the nurse's knowledge and skill. Not all nurses are sure of themselves when it comes to setting up an oxygen tent, neither do they readily recognize the toxic effects of sulfapyridine. In other words, graduate nurses, like physicians, need to keep themselves informed concerning modern methods which make fresh demands on their competence and skill.

This handy inexpensive little volume gives a comprehensive outline of the nature and use of new remedial agents. Full-page photographs illustrate the set-up of the oxygen tent as well as the manipulation of the cylinder and its reducing valves. The technique of administration by nasal catheter and by face mask is also explained. The chapter dealing with serum therapy describes sensitivity tests and serum reactions, and gives directions for administra-

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tion. Here again the accompanying illustrations clearly show the necessary equipment. Chapter Seven is devoted to a discussion of sulfapyridine, its mode of action and clinical response, and the nursing aspects of its administration. The care of children suffering from pneumonia is given special attention, and the necessary adaptations required in the home are indicated. The preventive aspects have been kept in mind throughout.

ASEPSIS IN COMMUNICABLE DISEASE NURSING, by ELLA HASENJAEGER, R.N., B.S., M.A., Principal of the School of Nursing, Essex County Hospital for Contagious Diseases. 223 pages. Illustrated. Published by J. B. Lippincott Company, Canadian Office, Medical Arts Building, Montreal. Price $1.50.

This monograph is similar in size and general arrangement to the handbook dealing with pneumonia which is reviewed above. All that has been said about the desirability of keeping abreast of modern therapeutic methods applies even more forcibly in this instance. Graduate nurses are frequently criticized for refusing to nurse patients suffering from communicable disease. But it is not generally known that this refusal may be due to the fact that all nurses do not receive adequate teaching or sufficient experience in caring for such patients. Furthermore, the technique of modern medical asepsis requires close attention if it is to be maintained at a level which ensures the safety of all concerned. This monograph supplies a clear and concise outline of the various techniques and the principles upon which they are based. It would be a good companion to the monograph on pneumonia and with it would form a nucleus for a collection of similar useful authoritative and inexpensive texts.

Dorland —
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The Dorland Pocket Medical Dictionary has a full vocabulary of concise definitions of the important nursing terms; a simple key to capitalization; the latest, approved spelling; and a listing and explanation of chemical symbols and formulae. Eighty-six detailed tables show dosage, muscles, nerves, abbreviations, etc. 973 pages. Flexible binding. Plain $2.50; Thumb-indexed, $3.00. Sixteenth Edition.

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NEWS NOTES

ALBERTA

VEGREVILLE:

The Alumnae Association of the Vegreville General Hospital recently celebrated the twenty-fifth anniversary of the training school. The general reunion that was held was attended by many alumnists. Sister Josephine, who opened the Hospital thirty years ago, and established a training school five years later, is still superintendent of nurses, and is taking an active part in the profession. On this occasion, presentations were made to Sister Josephine by the Hospital Guild, the Nurses' Alumnae, and by the Medical Association. A large banquet brought the eventful day to a close. The graduating class of 1940 is the largest one in the history of the School.

BRITISH COLUMBIA

VICTORIA:

A recent meeting of the Victoria Graduate Nurses Association took the form of a beach party. After the routine business was transacted, the members gathered around a lovely camp fire for a sing-song, which was very much enjoyed by all present.

Married: Recently, Miss Alice M. Gilroy (Regina General Hospital) to Mr. R. E. Beacock.

Married: Recently, Miss Jean W. Rosevear (Royal Jubilee Hospital, Victoria) to Mr. Victor Sudlow

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ONTARIO

DISTRICT 1

LONDON:

District 1, R.N.A.O., recently held a meeting at the Ontario Hospital, with Miss Lorna Horwood, chairman, presiding. Miss Walker reported on the refresher course in tuberculosis nursing, given at the Queen Alexandra Sanitarium. This was followed by reports of the Ottawa meeting of the R.N.A.O. by those members fortunate enough to have attended it. Mrs. Kennedy read Miss Hoy's report of the Public Health Section, and Miss Dorothy Thomas reported for the Nursing Education Section. Sister St. Anthony gave an instructive word picture of co-operative planning and co-ordination in ward teaching, and Miss

A History of the School for Nurses of the Montreal General Hospital

by

H. E. MACDERMOT, M.D., F.R.C.P. (C.)

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M. Smith gave a report on the distribution of nursing services. Miss M. McPhedran brought highlights from the speeches of the special speakers. Miss Mabel Hardie read a paper outlining the suggested plan for training of practical nurses. Miss M. Baker gave a report of the committee for the formation and re-organization or registries.

A most enjoyable skit was then presented showing a day with the Community Nursing Registry. Miss Madalene Baker directed and acted in this playlet, and was assisted by a number of the members. The members were then guests of the Ontario Hospital at tea.

Districts 2 and 3

STRATFORD:

A general meeting of Districts 2 and 3, R.N.A.O., was held recently in the Stratford General Hospital, with one hundred and four nurses present. Interesting reports were received from the various sections, and special committees. A motion to buy a one hundred dollar non-interest bearing War Bond now, and later to donate a sum of money to some war cause was passed by the general meeting.

Mr. W. L. Sprung gave a most inspiring and timely address entitled "Service in Democracy". Miss D. Arnold brought a most comprehensive report of the annual meeting of the R.N.A.O. held in Ottawa.

Following a delightful supper served by the nurses of the Stratford General Hospital, Dr. Gilmore gave an illustrated talk on radiology. Musical numbers formed a happy interlude.

District 4

HAMILTON:

The June meeting of District 4, R.N.A.O., took the form of a picnic held in Victoria Park, Niagara Falls. About seventy members were present, and a very enjoyable program of sports was entered into most heartily and our hostesses, the Niagara Falls General Hospital Alumnae Association, excelled themselves in providing a delicious lunch. Miss Fawcett expressed our thanks to the superintendent of nurses, Miss Buchanan, and her staff for their kind hospitality.

District 5

TORONTO:

Toronto Western Hospital:

The Alumnae Association of the Toronto Western Hospital held a reception recently

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in honour of the graduates who have enlisted in the second unit of the R.C.A.M.C. The guests were received by Mrs. D. Chant, vice-president of the Alumnae Association, Miss Gladys Sharpe, Miss Beatrice Ellis and Miss Grace Paterson. A delightful tea was served while friends visited with the guests of honour. Each member, Miss Gladys Sharpe, Miss Grace Paterson, Miss Doris Body, Miss Mary Craig, Miss Mary Bell, Miss Helen Lane, Miss Dema Houghtaling, Miss Muriel Moore and Miss Gertrude Hillock, was presented with the appropriate gift of a leather sewing kit. Miss Doris Kent, who is with the Neurological Unit, was also present and received a sewing kit.

District 7

Perth:

The members of District 7, R.N.A.O., met at Perth, guests of the Smiths Falls-Perth Chapter. The members were escorted through the plant of Henry Wampole & Co. Ltd., Manufacturing Pharmacists. Here, delving into the mysteries of the manufacture of capsules, pills, and lotions, two interesting and instructive hours were spent, after which a motor trip through the lovely countryside brought them to Rideau Lake and Sunset Lodge, the summer cottage of Miss Amy Church, chairman of the Chapter. It was voted to contribute one hundred dollars of the funds to war work.

Kingston:

A recent meeting of the Kingston Chapter took the form of a picnic and, in spite of rain and cool weather, a very enjoyable time was spent at the summer cottage of Miss Ann Baillie where around a blazing wood fire in a cosy room twenty-nine members demolished most of the food prepared for forty. "Oh! ze health of ze stomachs of ze Canadian mamselles!"

Members of this district recently called for military service are the Misses Helen Gardiner (K.G.H.), Betty Crothers (K.G.H) Jessie Blair (K.G.H.) Peggy Slater (K.G.H.), Ruth Peck (K.G.H.), and Helen Bostock (Ontario Hospital, Kingston). Miss Valerie Hora (K.G.H., 1939), R.C.A.M.C., is now on active service somewhere in England. Miss Lenore Loyst (K.G.H.,

1931) is taking a post-graduate course in surgery at the K.G.H.

Married: recently, Miss Ida Bertrand (K.G.H., 1936) to Mr. J. B. Grass.

Married: Recently, Nursing Sister Jean Wylie (K.G.H., 1935) to Mr. Samuel Pense.

District 10

PORT ARTHUR:

Nurses in District 10 were greatly honoured by the visit of Miss Jean L. Church, of Ottawa, President of the Registered Nurses Association of Ontario, and Miss Matilda Fitzgerald, executive secretary, who were on their way to the biennial meeting of the Canadian Nurses Association in Calgary. About 120 nurses attended a dinner which was held in honour of the visitors. The graduating classes at McKellar Hospital, Fort William, and St. Joseph's and the General Hospitals, Port Arthur, were guests of the Association. Other guests included Miss Edna Moore, of Toronto, and Miss Alice Ahern, of Ottawa. Special greetings were received by the district chairman from Miss Elizabeth Smellie who had hoped to be present at the meeting.

The guests were welcomed by Miss Dorothy Adams, district chairman. Miss Jean Church addressed the gathering, speaking of the progress of the R.N.A.O. since its inception, its aims and objects, and also of special projects on which much study is being expended. Those present were unanimous in their appreciation of Miss Church's visit and expressed the wish that both she and Miss Fitzgerald would come again in the near future.

QUEBEC

MONTREAL:

Montreal General Hospital:

Miss A. C. Pope (M. G. H., 1935) has been appointed to a position in the Westmount Public Health Department. Miss L. M. Fife (M. G H., 1936) has accepted a position on the staff of the Central Division.

Married: Recently, Miss Mary B. Earle (M. G. H., 1940) to Mr. Donald J. Dunlop.

Married: Recently, Miss Greta L. Hiltz (M. G. H., 1939) to Dr. Alexander Meiklejohn.

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Married: Recently, Miss Joan Savage (M. G. H., 1938) to Mr. Vaughn H. Moore.

Married: Recently, Miss Carrie R. Hollett (M. G. H., 1936) to Mr. Jack R. Daucey.

Married: Recently, Miss Gladys Barry (M. G. H., 1930) to Mr. Sydney Joul.

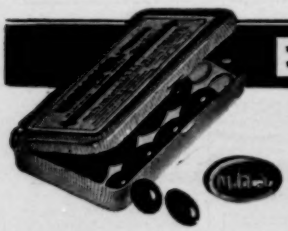
Royal Victoria Hospital:

The following Royal Victoria Hospital nurses are now on active service: Miss Ida MacKay, who served with the British Red Cross Sisters during the evacuation from France, is now in England; Miss Elizabeth Adsit is in England with the R.C.A.M.C.; Miss Kathleen King and Miss Elizabeth Lyster are with the American Scandinavian Hospital Unit.

The R.V.H. Red Cross Group under the convenership of Mrs. F. E. McKenty, has, since January, made and shipped 131,370 dressings for the Red Cross; 275 pairs of socks have been knitted and given to the Army and Navy.

Miss Nora Nagle who has been in charge of the Teaching Department has resigned. Miss Elsie Allder has succeeded Miss Nagle, and Miss Helen Sharpe, who has been in charge of the outdoor department, is taking Miss Allder's place in the Training School Office.

It has been a great pleasure to welcome back to Montreal after an absence of many years, Miss Lillian Owen a graduate of 1896. Miss Owen intends making her home in Montreal for the present.



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COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals indicate office held: (1) President, Provincial Nurses Association; (2) Chairman, Hospital and School of Nursing Section; (3) Chairman, Public Health Section; (4) Chairman, General Nursing Section.

Alberta: (1) Miss Rae Chittick, 815-18th Ave. W., Calgary; (2) Miss Helen S. Peters, University Hospital, Edmonton; (3) Miss Audrey Dick, Ste. 26, Lorraine Apts., Calgary; (4) Miss Florence J. Thomas, 617-14th St. S., Lethbridge.

British Columbia: (1) Miss M. Duffield, 1675 10th Ave., W., Vancouver; (2) Miss A. S. Cavers, Vancouver General Hospital, Vancouver; (3) Miss F. Innes, 1922 Adanac St., Vancouver; (4) Mrs. J. F. Hansom, 1178 Esquimalt Ave., West Vancouver

Manitoba: (1) Miss Evelyn Mallory, Children's Hospital, Winnipeg; (2) Miss E. McDowell, Winnipeg General Hospital; (3) Miss F. King, Ste. 9, Greysolon Apts., Winnipeg; (4) Miss C. Bourgeault, 561 Des Meurons St., St. Boniface.

New Brunswick: (1) Mrs. G. E. van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

Nova Scotia: (1) Mrs. Hope Mack, Nova Scotia Sanatorium, Kentville; (2) Sister Mary Peter, St. Joseph's Hospital, Glace Bay; (3) Miss Hazel Macdonald, 21 Queen St., Sydney; (4) Miss Frances Brown, Wolfville.

Ontario: (1) Miss Jean L. Church, 120 Strathcona Ave., Ottawa; (2) Miss N. M. Dulmage, Toronto General Hospital, Toronto; (3) Miss G. Ross, 15 Queen's Park Cresc., Toronto; (4) Miss Freda Fell, Apt. 101, 2745 Yonge St., Toronto.

Prince Edward Island: (1) Miss Ina Gillan, 227 Kent St., Charlottetown; (2) Miss Georgie Brown, Prince County Hospital, Summerside; (3) Miss Ruth Ross, Summerside; (4) Miss Mary Devereau, New Haven.

Quebec: (1) Miss E. Flanagan, Royal Victoria Hospital, Montreal; (2) Miss M. Batson, Montreal General Hospital, Montreal; (3) Mlle A. Martineau, Dept. of Health, City of Montreal; (4) To be appointed.

Saskatchewan: (1) Miss Ann Morton, Weyburn; (2) Miss May E. Reid, St. Paul's Hospital, Saskatoon; (3) Miss Myrtle E. Pierce, Wolseley; (4) Miss Mary R. Chisholm, 805-7th Ave. N., Saskatoon.

Chairmen, National Sections: Hospital and School of Nursing: Miss B. Anderson, Ottawa Civic Hospital. Public Health: Miss M. Kerr, Eburne, B.C. General Nursing: Miss M. Baker, 249 Victoria St., London. Convener, Committee on Nursing Education: Miss M. Linderburgh, 3480 University St., Montreal.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

Hospital and School of Nursing Section

CHAIRMAN: Miss Blanche Anderson, Ottawa Civic Hospital. First Vice-Chairman: Miss E. G. McNally, General Hospital, Brandon. Second Vice-Chairman: Miss M. Batson, Montreal General Hospital. Secretary-Treasurer: Miss W. Cooke, Ottawa Civic Hospital.

COUNCILLORS: **Alberta:** Miss H. S. Peters, University Hospital, Edmonton. **British Columbia:** Miss A. Cavers, Vancouver General Hospital. **Manitoba:** Miss E. McDowell, Winnipeg General Hospital. **New Brunswick:** Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton. **Nova Scotia:** Sister Mary Peter, St. Joseph's Hospital, Glace Bay. **Ontario:** Miss N. M. Dulmage, Toronto General Hospital. **Prince Edward Island:** Miss Georgie Brown, Prince County Hospital, Summerside. **Quebec:** Miss M. Batson, Montreal General Hospital. **Saskatchewan:** Miss May E. Reid, St. Paul's Hospital, Saskatoon.

General Nursing Section

CHAIRMAN: Miss M. Baker, 249 Victoria St., London, Ont. First Vice-Chairman: Miss E. McCabe, Winnipeg. Second Vice-Chairman: Miss R. Hart, 122 Spring Garden Rd., Halifax. Secretary-Treasurer: Miss A. Conroy, Jarvis Apts., Princess Ave., London, Ont.

COUNCILLORS: **Alberta:** Miss F. J. Thomas, 617-14th St. S., Lethbridge. **British Columbia:** Mrs. J. F. Hansom, 1178 Esquimalt Ave., West Vancouver. **Manitoba:** Miss C. Bourgeault, 561 Des Meurons St., St. Boniface. **New Brunswick:** Miss Myrtle E. Kay, 21 Austin St., Moncton. **Nova Scotia:** Miss Frances Brown, Wolfville. **Ontario:** Miss Freda Fell, Apt. 101, 2745 Yonge St., Toronto. **Prince Edward Island:** Miss Mary Devereau, New Haven. **Quebec:** To be appointed. **Saskatchewan:** Miss Mary R. Chisholm, 805-7th Ave., Saskatoon.

Public Health Section

CHAIRMAN: Miss M. Kerr, Eburne, B.C. Vice-Chairman: Miss W. Dawson, Health Centre, Saint John, N.B. Secretary-Treasurer: Miss L. Creelman, 1926 W. 12th Ave., Vancouver.

COUNCILLORS: **Alberta:** Miss Audrey Dick, Ste. 26, Lorraine Apts., Calgary. **British Columbia:** Miss F. Innes, 1922 Adanac St., Vancouver. **Manitoba:** Miss F. King, Ste. 9, Greysolon Apts., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss H. Macdonald, 21 Queen St., Sydney. **Ontario:** Miss G. Ross, 15 Queen's Park Cres., Toronto. **Prince Edward Island:** Miss Ruth Ross, Summerside. **Quebec:** Mlle A. Martineau, Dept. of Health, City of Montreal. **Saskatchewan:** Miss M. E. Pierce, Wolseley.

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

President, Miss Rae Chittick, 815-18th Ave. W., Calgary; First Vice-Pres., Miss Blanche Emerson, 10182-100th St., Edmonton; Sec. Vice-Pres., Miss K. Connor; Secretary-Treasurer & Registrar, Mrs. A. E. Vango, St. Joseph's College, Edmonton; *Councillors*: Miss A. Young, Miss I. Johnson, Miss C. Clibborn; *Chairmen of Sections*: *Private Duty*, Miss F. J. Thomas, 617-14th St. S., Lethbridge; *Nursing Education*, Miss H. S. Peters, University Hospital, Edmonton; *Public Health*, Miss A. Dick, Ste. 26, Lorraine Apts., Calgary; *Conveners of Committees*: *Legislation*, Miss B. Emerson, Edmonton; *The Canadian Nurse*, Miss V. Chapman, Royal Alexandra Hospital, Edmonton; *Nightingale Memorial*, Miss K. G. Stackhouse, Royal Alexandra Hospital, Edmonton.

BRITISH COLUMBIA

Registered Nurses Association of British Columbia

President, Miss M. Duffield, 1675 10th Ave., W., Vancouver; First Vice-President, Miss M. E. Kerr; Sec. Vice-President, Miss G. M. Fairley; Secretary, Miss F. H. Walker, 520 Vancouver Block, Vancouver; Registrar, Miss Helen Randal, 520 Vancouver Block, Vancouver; *Councillors*: Miss H. Archer, Miss E. Clark, Miss K. Sanderson, Sr. M. Gregory, Miss H. Randal; *Conveners of Sections*: *Nursing Education*, Miss A. S. Cavers, Vancouver General Hospital; *Public Health*, Miss F. Innes, 1922 Adanac St., Vancouver; *Private Duty*, Mrs. J. F. Hansom, 1178 Esquimalt Ave., West Vancouver; *Press*, Miss L. M. Drysdale, 1695 11th Ave., W., Vancouver.

MANITOBA

Manitoba Association of Registered Nurses

President, Miss E. Mallory, Children's Hospital, Winnipeg; First Vice-Pres., Miss L. Lethbridge, General Hospital, Portage la Prairie; Sec. Vice-Pres., Miss E. McDowell, Winnipeg General Hospital; Hon. Sec., Mrs. H. Copeland, Misericordia Hospital, Winnipeg; *Members of Board*: Mrs. V. Harrison, 93 Arlington St., Winnipeg; Miss E. Wilson, 668 Bannatyne Ave., Winnipeg; Miss M. Baird, 99 George St., Winnipeg; Miss E. Aitken, 220 Lanark St., Winnipeg; Major C. Chapman, Grace Hospital, Winnipeg; Rev. Sr. Theophane, St. Joseph's Hospital, Winnipeg; Rev. Sr. Breux, St. Boniface Hospital; Miss L. Vance, Brandon Mental Hospital; Mrs. H. Copeland, Misericordia Hospital, Winnipeg; Miss W. Grice, St. Boniface Out-Patient Dept.; *Conveners of Sections*: *Nursing Education*, Miss E. McDowell, Winnipeg General Hospital; (Instructors Group), Miss D. Wishart, Victoria Hospital, Winnipeg; *Private Duty*, Miss C. Bourgeault, 561 Des Meurons St., St. Boniface; *Public Health*, Miss F. King, Ste. 9, Greysolon Apts., Winnipeg; *Committee Conveners*: *Social*, Miss L. Kelly, 753 Wolseley Ave., Winnipeg; *Visiting*, Miss J. Stothart, 320 Sherbrooke St., Winnipeg; *Press*, Miss F. Waugh, Winnipeg General Hospital; *Membership*, Miss A. Danilevitch, St. Boniface Out-Patient Dept.; *Library*, Miss M. Warren, 64 Niagara St., Winnipeg; *Nightingale Memorial Fund*, Miss I. McDiarmid, 363 Langside St., Winnipeg; *Representative to The Canadian Nurse*, To be appointed; Secretary-Treasurer, Miss Gertrude Hall, 214 Balmoral St., Winnipeg.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

President, Mrs. G. E. van Dorsser, Health Centre, Saint John; First Vice-President, Miss A. J. MacMaster; Second Vice-Pres., Miss M. Myers; Hon. Sec., Sister Kenny; *Councillors*: Miss E. R. Trafton, Fredericton; Miss S. Everitt, Moncton; Miss B. Hadrill, Newcastle; Miss H. Cahill, Saint John; Miss R. Follis and Miss M. McMullen, St. Stephen; Miss E. M. Tulloch, Woodstock; Secretary-Treasurer-Registrar, Miss M. E. Retallick, 262 Charlotte St., West Saint John; *Conveners of Sections*: *Nursing Education*, Sister Kerr; *Private Duty*, Miss M. E. Kay; *Public Health*, Miss A. Burns; *Conveners of Committees*: *Legislation*, Miss B. L. Gregory; *The Canadian Nurse*, Miss L. Smith.

NOVA SCOTIA

Registered Nurses Association of Nova Scotia

President, Mrs. Hope Mack, Nova Scotia Sanatorium, Kentville; First Vice-Pres., Miss K. Harvey, Middleton; Sec. Vice-Pres., Miss M. MacLellan, Digby; Third Vice-Pres., Miss A. Martin, City Hospital, Sydney; Rec. Sec., Mrs. D. J. Gillis, Windsor Jct.; Treasurer, Corresponding Secretary and Registrar, Miss Muriel Graham, 413 Dennis Bldg., Halifax; *Representative to The Canadian Nurse*, Miss Flora Anderson, General Hospital, Glace Bay.

ONTARIO

Registered Nurses Association of Ontario

President, Miss Jean L. Church; First Vice President, Miss M. I. Walker; Second Vice President, Miss G. Sharpe; Secretary-Treasurer, Miss Matilda E. Fitzgerald, Room 765, Physicians & Surgeons Building, 86 Bloor Street, W., Toronto; *Chairmen of Sections*: *Nurse Education*, Miss N. M. Dulmage, Toronto General Hospital, Toronto; *Private Duty*, Miss Freda Fell, Apt. 101, 2745 Yonge Street, Toronto; *Public Health*, Miss G. Ross, 15 Queen's Park Crescent, Toronto; *Chairmen of Districts*: Miss L. Horwood, Miss W. Ashplant, Miss A. Boyd, Miss A. Bell, Miss H. Collier, Miss A. Baillie, Miss M. Black, Miss J. Smith, Miss D. Adams.

District 1

Chairman, Miss L. Horwood; Vice-Chairman, Miss J. Wilson; Sec-Treas., Miss L. Steele, 537 Talbot St., London; *Councillors*: Misses V. Drope, M. Baker, E. Orr, E. Precious, M. Thompson, D. Williamson, Mrs. J. Wilson; *Conveners*: *Nurse Education*, Miss M. McPhedran; *Private Duty*, Miss H. Parnell; *Public Health*, Mrs. F. Kennedy; *Permanent Education*, Mrs. H Smith; *Publications*, Mrs. P Soutar; *Membership*, Mrs M. Elrick; *Enrolment*, Miss M. Fenner.

Districts 2 and 3

Chairman, Miss W. Ashplant; First Vice Chairman, Miss D. Arnold; Sec. Vice-Chairman, Miss V. Winterholt; Sec-Treas., Miss H. Muir, General Hospital, Brantford; *Councillors*: Misses Tregear, Larmon, Sehl, Truesdale, Mines

Cowie, Hamilton; *Conveners: Nursing Education*, Miss S. Hallman; *Public Health*, Miss Hackett; *Private Duty*, Miss F. McKenzie.

District 4

Chairman, Miss A. Boyd; First Vice-Chairman, Miss M. Buchanan; Sec. Vice-Chairman, Miss E. Buckbee; Sec.-Treas., Miss G. Coulthart, 82 Balmoral Ave. S., Hamilton; *Councillors*: Sister Monica, Misses I. MacIntosh, A. Wright, D. Scott, C. Brewster, M. Cameron; *Conveners*: *Private Duty*, Miss S. Murray; *Nursing Education*, Miss H. Brown; *Public Health*, Miss A. Oram.

District 5

Chairman, Miss Alberta Bell; First Vice-Chairman, Miss J. Mitchell; Sec.-Treas., Mrs. C. Challener, 21 Sherwood Ave., Toronto; *Councillors*: Misses L. Webb, G. Jones, G. Sharpe, E. Williams, M. Wheeler, K. McNamara; *Committee Conveners*: *Private Duty*, Miss W. Worth; *Nursing Education*, Miss F. Thomas; *Public Health*, Miss E. Van Lane.

District 6

Chairman, Miss H. Collier; First Vice-Chairman, Miss I. Shaw; Sec. Vice-Chairman, Miss McKenzie; Sec.-Treas., Miss E. Sullivan, 27 Queen St., Belleville; *Committee Conveners*: *Private Duty*, Miss N. DiCola; *Public Health*, Miss Kearney; *Nursing Education*, Miss E. Young; *Membership*, Miss N. Brown; *Finance*, Mrs. Holyman; *The Canadian Nurse*, Miss F. Fitzgerald.

District 7

Chairman, Miss A. Baillie; Vice-Chairman, Miss E. Ardill; Sec-Treas., Miss E. Sharp, Kingston General Hospital; *Councillors*: Rev. Sr. Donovan, Misses E. Freeman, V. Manders, A. Church, E. Moffatt, MacIndoo; *Conveners*: *Nurse Education*, Miss L. Acton; *Private Duty*, Miss J. Biggar; *Public Health*, Miss D. Storms; *Press Representative*, Miss H. Babcook, Kingston General Hospital.

District 8

Chairman, Miss Molly Black; Vice-Chairman, Miss Mabel Stewart; Sec., Miss E. Webb, 126 Belmont Ave., Ottawa; Treas., Miss D. Lodge, Ottawa Civic Hospital; *Councillors*: Misses K. McIlraith, J. Church, V. Belier, G. Ferguson, M. Lowry, Rev. Sr. Evangeline; *Committee Conveners*: *Nurse Education*, Miss B. McKercracher; *Private Duty*, Mrs. A. Fraser; *Public Health*, Miss F. Lyons; *Cornwall Chapter*, Mrs. Villeneuve; *Pembroke Chapter*, Rev. Sr. M. Evangeline.

District 9

Chairman, Miss J. Smith, Gravenhurst; First Vice-Chairman, Miss F. Kruger, Sudbury; Sec. Vice-Chairman, Miss K. MacKenzie, North Bay; Sec., Miss H. E. Smith, Box 305, New Liskeard; Treas., Miss R. Buchanan; *Committee Conveners*: *Public Health*, Miss W. Walker; *Private Duty*, Miss Cliff; *Nurse Education*, Miss A. McGregor; *The Canadian Nurse*, Mrs. J. McCausland.

District 10

Chairman, Miss D. Adams, the Sanatorium, Fort William; Vice-Chairman, Miss Dorothy Rorke Sec.-Treas., Miss E. Crosson, General Hospital, Port Arthur; *Councillors*: Misses M. Buss, D. Paul, D. Bianconi; *Conveners*: *Nurse Education*, Miss D. Riddell; *Private Duty*, Miss M. Boisseau; *Public Health*, Mrs. A. Ward; *Membership*, Miss I. Morrison.

PRINCE EDWARD ISLAND

Prince Edward Island Registered Nurses Association

President, Miss Ina Gillan, 227 Kent St., Charlottetown; Vice-Pres., Rev. Sr. St. John the Baptist; Secretary, Miss Leonora Clark, Prince Co. Hospital, Summerside; Treasurer and Registrar, Rev. Sister Mary Magdalen, Charlottetown Hospital; *Conveners of Sections*; *Private Duty*, Miss Mary Devereau, New Haven; *Public Health*, Miss Ruth Ross, Summerside; *Nursing Education*, Miss Georgie Brown, Prince County Hospital, Summerside.

QUEBEC

Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

Advisory Board: Misses Jean S. Wilson, Marion Lindeburgh, Esther M. Belth, Rev. Soeur Jeanne St. Louis, Mlle Edna Lynch, Mlle Evelyne Gauvin; President, Miss Eileen C. Flanagan; Vice-President (English), Miss Mabel K. Holt; Vice-President (French), Rev. Soeur Valérie de la Sagesse; Honourary Secretary, Mlle Suzanne Giroux; Honourary Treasurer, Miss Catherine M. Ferguson; *Members without Office*: Misses Margaret L. Moag, Fanny Munroe, Miles Maria Roy, Juliette Trudel, Alice Albert; *Conveners of Sections*: *Private Duty* (English), To be appointed; *Private Duty* (French), Mlle Anne-Marie Robert, 5484A rue St. Denis, Montreal; *Nursing Education* (English), Miss Martha Batson, Montreal General Hospital; *Nursing Education* (French), Rév. Soeur Hébert, Hôtel-Dieu de St. Joseph, Montreal; *Public Health* (English) Miss Kathleen A. Dickson, Royal Edward Institute, Montreal; *Public Health* (French), Mlle Annonciade Martineau, Dept. of Health, City of Montreal; *Board of Examiners*: Miss Olga V. Lilly (Convener), Misses Flora Aileen George, Katie S. Annesley, Madeleine Flander, Miles Alexina Marchessault, Anysie Deland, Suzanne Giroux; Executive Secretary, Registrar and Official School Visitor, Miss E. Frances Upton, Room 1019, Medical Arts Bldg., 1538 Sherbrooke St. W., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated, 1917)

President, Miss Ann Morton, Weyburn; First Vice-President, Miss M. Diederichs, Regina Grey Nuns' Hospital; Second Vice-President, Miss E. Amas, Saskatoon City Hospital; *Councillors*: Rev. Sister O'Grady, St. Paul's Hospital, Saskatoon; Miss M. Ingham, Moose Jaw General Hospital; *Conveners of Standing Committees*: *Private Duty*, Miss Mary R. Chisholm, 805-7th Ave., N., Saskatoon; *Nursing Education*, Miss May E. Reid, St. Paul's Hospital, Saskatoon; *Public Health*, Miss M. Pierce, Wolseley; Secretary-Treasurer, Registrar and Advisor, Schools for Nurses, Miss K. W. Ellis, University of Saskatchewan, Saskatoon.

Regina Registered Nurses Association

Hon. Pres., Miss A. F. Lawrie; Pres., Miss M. Diederichs; First Vice-Pres., Miss M. Glew; Sec., Miss E. Welsh, 2204 Wallace St.; *Committee Conveners*: *Registry*, Miss H. Jolly; *Membership*, Miss F. Walliser; *Entertainment*, Miss Peterson; *Nursing Education*, Miss M. Zens; *Private Duty*, Miss R. Woany; *Public Health*, Miss L. Lynch; Registrar & Treasurer, Miss L. Dahl.

Alumnae Associations

ALBERTA

A. A., Calgary General Hospital

Honourary President, Miss S. MacDonald; President, Mrs T. L. O'Keefe; First Vice-President, Mrs. M. Caffery; Second Vice- President, Miss M. Frew; Corresponding Secretary, Miss E. Swift, 1430—6th St. N. W.; Treasurer, Miss M. Carlson, 112-10th Ave., N.W.; *Press Correspondent*, Mrs. L McPhee.

A. A., Holy Cross Hospital, Calgary

President, Mrs. M. E. Drinkwater; First Vice-President, Miss Louise Thorne; Second Vice-President, Mrs. McQuade; Secretary, Miss Claudia Tennant, Holy Cross Hospital; Recording Secretary, Miss Myrtle Pollock; Treasurer, Mrs. Elaine S. Clarke.

A. A., Edmonton General Hospital, Edmonton

Hon. Pres., Rev. Sr. Fortin, Rev. Sr. Bonnin; Pres., Mrs. R. McKee; First Vice-Pres., Miss B. Beitsch; Sec. Vice-Pres., Mrs. A. Mitchell; Sec., Miss B. Holden; Corr. Sec., Mrs. R. J. Price, 10549—79 Ave.; Treas., Miss E. Carbol; *Committees: Visiting*, Misses M. Spier, E. Waltz; *Standing*, Misses J. Ungarian, M. Munroe, R. Chickioski, Mmes D. Steele, M. Leask.

A. A., Royal Alexandra Hospital, Edmonton

Hon. Pres., Miss M. Fraser; Pres., Mrs. J. F. Thompson; First Vice-Pres., Miss J. Davidson; Sec. Vice-Pres., Mrs. R. Boyd; Rec. Sec., Miss K. Stackhouse; Corr. Sec., Miss A. E. Graham, Royal Alexandra Hospital; Treas., Miss A. Lysne; *Committee Conveners: Programme*, Mrs. Eliwell; *Visiting*, Miss I. Johnson; *Social*, Miss M. Policha; *News Letter*, Miss V. Chapman; *Executive:* Miss A. Anderson, Miss G. Austin, Mrs. Brennan; *Benefit*, Miss M. Griffith; *Scholarship*, Miss L. Einarson.

A.A., University of Alberta Hospital, Edmonton

Hon. Pres., Miss H. Peters; Pres., Miss K. Chapman; Vice-Pres., Miss M. Trowbridge; Rec. Sec., Mrs. D. Payment; Corr. Sec., Miss M. Strachan, University Hospital; Treas., Miss D. Duxbury, University Hospital; *Executive Committee:* Misses M. Loggin, E. Campbell, N. Connolly.

A.A., Lamont Public Hospital, Lamont

Honourary President, Mrs. R. E. Harrison; President, Mrs. R. H. Shears; First Vice-President, Mrs. G. Archer; Second Vice-President, Mrs. G. Harrolld; Secretary-Treasurer, Mrs. B. I. Love, Elk Island National Park, Lamont; *News Editor*, Mrs. Peterson, Hardisty; *Convener, Social Committee*, Miss C. Stewart.

BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

Hon. Pres., Rev. Sr. M. Philippe; Hon. Vice-Pres., Rev. Sr. M. Columkille; Pres., Miss M. Jacobson; Vice-Pres., Miss M. Diebolt; Sec., Miss A. Lanegraff, Nurse's Registry, St. Paul's Hosp.; Registrar, Rev. Sr. M. Columkille; Treas., Miss D. McKay; *Committee Conveners: Social*, Miss J. Gillis; *Programme*, Mrs R. Brown; *Press*, Miss M. Lang; *Visiting*, Miss K. Flahiff; *Mutual Benefit*, Miss Clements; *Rep.* to *The Canadian Nurse*, Miss Harkness.

A.A., Vancouver General Hospital, Vancouver

Hon. Pres., Miss G. Fairley; Pres., Miss Alison Reid; First Vice-Pres., Miss M. Minor; Sec. Vice-Pres., Miss E. Nelson; Rec. Sec., Miss M. Lightly; Corr. Sec., Miss E. Ketchum, 1009 W. 10th Ave.; Treas., Miss L. Creelman; *Committee Conveners: Visiting*, Mrs. J. R. Christie; *Social*, Mrs. G. E. Gillies; *Refreshment*, Miss A. Wakefield; *Programme*, Mrs. A. Grundy; *Membership*, Miss J. Davenport; *Reps.* to: *Press*, Miss E. Monteith; *Mutual Benefit Association*, Miss P. Sherwood.

A.A., Royal Jubilee Hospital, Victoria

President, Mrs. J. H. Russell; First Vice-President, Miss M. Dickson; Sec. Vice-President, Mrs. Mullard; Secretary, Miss E. Rossiter, Royal Jubilee Hospital; Treasurer, Mrs. Van Horne, 920 Southgate St. *Committee Conveners: Social*, Mrs. Tucker; *Visiting*, Miss F. Fergusen; *Press*, Miss Latornell.

A.A., St. Joseph's Hospital, Victoria

Hon. Pres., Sr. M. Alfreda; Hon. Vice-Pres., Sr. M. Gregory; Pres., Mrs. E. Corbett; First Vice-Pres., Mrs. M. Gilmore; Sec. Vice-Pres., Miss M. Murphy; Rec. Sec., Miss H. Cruickshank, 910 Market St.; Corr. Sec., Miss L. Duggan; Treas., Miss F. Crampton; *Councillors*: Mmes. F. Bryant, J. Moore, I. Moore, Miss H. Barrow; *Press*, Mrs. E. Gandy; *Visiting*, Misses D. Dixon, A. Osborne-Smith.

MANITOBA

A.A., St. Boniface Hospital, St. Boniface

Hon. President, Rev. Sister Krause; Hon. Vice-President, Mrs. F. Crosby; President, Miss K. McCallum; First Vice-President, Mrs. E. Dwyer; Second Vice-President, Miss A. Danilevitch; Corr. Secretary, Mrs. F. Eastwood, Ste. 2, Scarsdale Apts., Winnipeg; Rec. Sec., Miss M. Prestay; Treas., Miss J. Rudy; *Committee Conveners: Social*, Miss M. Maloney; *Membership*, Miss I. Pennock; *Press*, Mrs. F. Evans; *Visiting*, Miss T. Schmidt; *Representatives* to: *M.A.R.N.*, Miss J. Parenteau; *The Canadian Nurse*, Miss J. Toupin; *Directory Committee of M.A.R.N.*, Miss S. Johnson; *Local Council of Women*, Mrs. Shankman.

A.A., Children's Hospital, Winnipeg

Honourary President, Miss E. Mallory; President, Mrs. E. Robson; Vice-President, Mrs. A Noble; Recording Secretary, Miss B. Thain; Corresponding Secretary, Miss H. Hahr, Nurses' Residence, King George Hospital; Treasurer, Miss D. Ditchfield.

A.A., Misericordia Hospital, Winnipeg

Hon. President, Sister St. Bertha; President, Miss D. Bateman; Vice-President, Miss M. Ego; Sec., Miss L. Finlay, 28 Fairhaven Apts.; Treas., Miss E. Frye; *Chairman, Executive Committee*, Miss E. Shouldice; *Committee Conveners: Visiting*, Miss C. Bodin; *Refreshment*, Miss S. O'Brien; *Directory*, Miss V. Blaine; *Publicity Agent*, Miss H. Hilton.

A.A., Winnipeg General Hospital, Winnipeg

Honourary President, Mrs. A. W. Moody; President, Miss Isabel McDiarmid, Winnipeg General Hospital; First Vice-President, Miss Constance Lethbridge; Second Vice-President, Miss T. Wiggins; Third Vice-President, Miss E. Wilson; Rec. Sec., Miss V. Hannan; Corr. Sec., Miss C. Dawson, Winnipeg General Hospital; Treas., Miss G. Gourley, 230 Oxford Street;

Committee Conveners: *Program*, Mrs. W. H. Anderson, 9 B. Locarno Apts.; *Membership*, Miss Florence Stratton, Winnipeg General Hospital; *Jubilee*, Miss E. Wilson; *Journal*, Mrs. W. G. Beaton, 302 Montrose St.; *Archivist*, Miss Lorraine Miller, 17 Lindberg Apts.; *Visiting*, Mrs. Cecil Hutchings, 16 Diana Crt.; *Reps.* to: *Training School*, Miss Gertrude Hall, 214 Balmoral St.; *Central Directory*, Miss Doreen McGuinness; *Local Council of Women*, Miss M. McGillvrey, 22 Willingdon Apts.; *Council of Social Agencies*, Miss Bertha McClung; *The Canadian Nurse*, Miss Dorothy Hibbard, Winnipeg General Hospital.

NEW BRUNSWICK

A.A., Saint John General Hospital, Saint John

Hon. Pres., Miss E. Mitchel; Pres., Mrs. G. Lewin; First Vice-Pres., Mrs. H. Ellis; Sec. Vice-Pres., Miss S. Hartley; Sec., Miss S. Turnbull, Saint John General Hospital; Treas., Miss R. Wilson; *Committee Conveners*: *Entertainment*, Mmes O. Fowler, R. Dick, Miss M. Barker; *Refreshments*, Mrs. L. Dunlop, Miss A. Carney; *Flower*, Mrs. F. McKelvey, Miss A. Carney.

A.A., L.P. Fisher Memorial Hospital, Woodstock

President, Mrs. W. B. Manzer; Vice-President, Miss Lucy Ward; Secretary, Mrs. Elmer Arnold, Connell Street, Woodstock; Treasurer, Mrs. G. Fred Dunham, Water Street, Woodstock; *Executive Committee*: Mrs. Bruce Sutton, Miss Margaret Parker, Miss B. Carleton.

NOVA SCOTIA

A.A., Glace Bay General Hospital, Glace Bay

Pres., Mrs. G. Turner, Water St.; First Vice-Pres., Miss R. MacDonald; Sec. Vice-Pres., Mrs. J. Kerr; Treas., Miss C. Roney, Shepherd St.; Rec. Sec., Miss A. MacDonald, 8 Kent St.; Corr. Sec., Mrs. L. Buffett, South St.; *Conveners of Committees*: *Executive*, Miss D. MacLeod; *Visiting*, Mrs. H. Spencer; *Finance*, Miss F. Anderson; *The Canadian Nurse*, Miss D. MacLeod.

A.A., Halifax Infirmary, Halifax

Pres., Miss Hilda Harnish; Vice-Pres., Miss M. K. McDonell; Rec. Sec., Miss D. McDonald; Corr. Sec., Miss A. Frances Jackson, 7 Rose St., Dartmouth; Treas., Miss G. Leon, 296 Oxford St.; *Committee Conveners*: *Visiting*, Miss C. MacKinnon; *Entertainment*, Miss M. MacDonald; *Press*, Miss L. Dockrill; *Nominating*, Miss D. Turner.

A.A., Victoria General Hospital, Halifax

Pres., Miss Agnes Cox, Tuberculosis Hospital; Vice-Pres., Mrs. E. MacQuade; Sec., Miss Grace Porter, 267 South St., Treas., Miss Helen Joncas, Victoria General Hospital; *Committee Conveners*: *Entertainment*, Misses M. Ripley, A. Power; *Refreshments*, Misses Greig, Gervaise; *Visiting*, Misses G. Byers, H. Watson; *Private Duty*, Miss Isobel MacIntosh.

ONTARIO

A.A., Belleville General Hospital, Belleville

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A.A., Brantford General Hospital, Brantford

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